

Type:	Change Request
Reference:	1654
Version No:	1.0
Subject:	Update to Commissioning Data Set Type 011 Emergency Care
Effective Date:	1 April 2019
Reason for Change:	Change to Information Standards
Publication Date:	1 November 2018

Background:

Commissioning Data Set V6-2-1 Type 011 Emergency Care was approved by the Standardisation Committee for Care Information as [SCCI0092-2062 Amd 17/2015](#).

Updates to Commissioning Data Set Type 011 have been identified, requiring the introduction of a new version, Commissioning Data Set V6-2-2 Type 011 Emergency Care.

A number of changes have been identified since the last version, and the Commissioning Data Set V6-2-2 Type 011 Emergency Care includes:

- Change Data Element optionality
- Change Data Element format and length
- Add new National Codes
- Provide further clarity to definitions
- Update the associated Schema Constraints page to reflect tightening of XML Schema format/length validation in the CDS-XML schema for version 6-2-2

This Change Request also includes amendments made in the [Overseas Visitor Charging Category Information Standard](#).

A new Commissioning Data Set version 6-2-2 XML schema pack, containing only XML schemas for CDS Type 011 and the Header and Trailer CDS types, will be made available via the Technology Reference data Update Distribution (TRUD).

Note that the existing Commissioning Data Sets and CDS-XML Schema release versions 6-2 and 6-2-1, remain valid until future notification.

This Change Request adds CDS V6-2-2 Type 011 Emergency Care Commissioning Data Set to the NHS Data Model and Dictionary to support the Information Standard.

To view a demonstration on "How to Read an NHS Data Model and Dictionary Change Request", visit the [NHS Data Model and Dictionary help pages](#) at: http://www.datadictionary.nhs.uk/Flash_Files/changerequest.htm.

Note: if the web page does not open, please copy the link and paste into the web browser.

Summary of changes:

Data Set

CDS V6-2-2 TYPE 001 - CDS INTERCHANGE HEADER	New Data Set
CDS V6-2-2 TYPE 002 - CDS INTERCHANGE TRAILER	New Data Set
CDS V6-2-2 TYPE 003 - CDS MESSAGE HEADER	New Data Set
CDS V6-2-2 TYPE 004 - CDS MESSAGE TRAILER	New Data Set
CDS V6-2-2 TYPE 005B - CDS TRANSACTION HEADER GROUP - BULK UPDATE PROTOCOL	New Data Set
CDS V6-2-2 TYPE 005N - CDS TRANSACTION HEADER GROUP - NET CHANGE PROTOCOL	New Data Set
CDS V6-2-2 TYPE 011 - EMERGENCY CARE CDS	New Data Set

Supporting Information

ACCIDENT AND EMERGENCY DEPARTURE DATE	Changed Description
ACCIDENT AND EMERGENCY DEPARTURE TIME	Changed Description
CDS V6-2-2 TYPE 001 - CDS INTERCHANGE HEADER OVERVIEW	New Supporting Information
CDS V6-2-2 TYPE 002 - CDS INTERCHANGE TRAILER OVERVIEW	New Supporting Information
CDS V6-2-2 TYPE 003 - CDS MESSAGE HEADER OVERVIEW	New Supporting Information
CDS V6-2-2 TYPE 004 - CDS MESSAGE TRAILER OVERVIEW	New Supporting Information
CDS V6-2-2 TYPE 005B - CDS TRANSACTION HEADER GROUP - BULK UPDATE PROTOCOL OVERVIEW	New Supporting Information
CDS V6-2-2 TYPE 005N - CDS TRANSACTION HEADER GROUP - NET CHANGE PROTOCOL OVERVIEW	New Supporting Information
CDS V6-2-2 TYPE 011 - EMERGENCY CARE CDS OVERVIEW	New Supporting Information
CDS VERSION 6-2 MENU	Changed Description
COMMISSIONING DATA SET BUSINESS RULES	Changed Dataset
COMMISSIONING DATA SET NOTATION	Changed Dataset
COMMISSIONING DATA SETS MENU	Changed Description
COMMISSIONING DATA SET VERSION 6-2 TYPE LIST	Changed Description
COMMISSIONING DATA SET VERSIONS	Changed Description
SECONDARY USES SERVICE	Changed Dataset
XML SCHEMA TRUD DOWNLOAD	Changed Description, Dataset

Class Definitions

ADDRESS STRUCTURED	Changed Dataset
ADDRESS UNSTRUCTURED	Changed Dataset
PERSON NAME STRUCTURED	Changed Dataset
PERSON NAME UNSTRUCTURED	Changed Dataset

Attribute Definitions

ACTIVITY DATE	Changed Dataset
ACTIVITY IDENTIFIER	Changed Dataset
ACTIVITY SERVICE REQUEST DATE	Changed Dataset
ACTIVITY SERVICE REQUEST TIME	Changed Dataset
ACTIVITY TIME	Changed Dataset

<u>CARE PROFESSIONAL DISCHARGE RESPONSIBILITY INDICATOR FOR EMERGENCY CARE</u>	Changed Dataset
<u>CARE PROFESSIONAL TIER FOR EMERGENCY CARE</u>	Changed Dataset
<u>CLINICAL TERMINOLOGY CODE</u>	Changed Dataset
<u>CLINICAL TRIAL IDENTIFIER</u>	Changed Dataset
<u>CODED CLINICAL ENTRY SEQUENCE NUMBER</u>	Changed Dataset
<u>COMMISSIONER REFERENCE NUMBER</u>	Changed Dataset
<u>DECIDED TO ADMIT DATE</u>	Changed Dataset
<u>DECIDED TO ADMIT TIME</u>	Changed Dataset
<u>EMERGENCY CARE ATTENDANCE CATEGORY</u>	Changed Description, Dataset
<u>EMERGENCY CARE DEPARTMENT TYPE</u>	Changed Description, Dataset
<u>ETHNIC CATEGORY CODE</u>	Changed Dataset
<u>GENERAL MEDICAL PRACTITIONER PPD CODE</u>	Changed Dataset
<u>LOCAL PATIENT IDENTIFIER</u>	Changed Dataset
<u>MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE</u>	Changed Dataset
<u>NHS NUMBER</u>	Changed Dataset
<u>NHS SERVICE AGREEMENT LINE NUMBER</u>	Changed Dataset
<u>NHS SERVICE AGREEMENT NUMBER</u>	Changed Dataset
<u>ORGANISATION CODE</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER</u>	Changed Dataset
<u>OVERSEAS VISITOR CHARGING CATEGORY</u>	Changed Dataset
<u>PATIENT JOURNEY NUMBER</u>	Changed Dataset
<u>PATIENT PATHWAY IDENTIFIER</u>	Changed Dataset
<u>PERSON BIRTH DATE</u>	Changed Dataset
<u>PERSON OBSERVATION TEXT STRING</u>	Changed Dataset
<u>PERSON PROPERTY EFFECTIVE END DATE</u>	Changed Dataset
<u>PERSON PROPERTY EFFECTIVE END TIME</u>	Changed Dataset
<u>PERSON PROPERTY EFFECTIVE START DATE</u>	Changed Dataset
<u>PERSON PROPERTY EFFECTIVE START TIME</u>	Changed Dataset
<u>PERSON STATED GENDER CODE</u>	Changed Dataset
<u>POSTCODE</u>	Changed Dataset
<u>PROFESSIONAL REGISTRATION BODY CODE</u>	Changed Dataset
<u>PROFESSIONAL REGISTRATION ENTRY IDENTIFIER</u>	Changed Dataset
<u>REFERRAL TO TREATMENT PERIOD END DATE</u>	Changed Dataset
<u>REFERRAL TO TREATMENT PERIOD START DATE</u>	Changed Dataset
<u>REFERRAL TO TREATMENT PERIOD STATUS</u>	Changed Dataset
<u>TREATMENT FUNCTION CODE</u>	Changed Dataset
<u>UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)</u>	Changed Dataset
<u>WAITING TIME MEASUREMENT TYPE</u>	Changed Dataset
Data Elements	
<u>ACCESSIBLE INFORMATION PROFESSIONAL REQUIRED CODE (SNOMED CT)</u>	Changed Dataset
<u>ACCOMMODATION STATUS (SNOMED CT)</u>	Changed Dataset
<u>ACTIVITY SERVICE REQUEST DATE (EMERGENCY CARE)</u>	Changed Dataset

<u>ACTIVITY SERVICE REQUEST TIME (EMERGENCY CARE)</u>	Changed Dataset
<u>ACTIVITY TREATMENT FUNCTION CODE (DECISION TO ADMIT)</u>	Changed Dataset
<u>AGE AT CDS ACTIVITY DATE</u>	Changed Dataset
<u>AMBULANCE INCIDENT NUMBER</u>	Changed Dataset
<u>CARE PROFESSIONAL DISCHARGE RESPONSIBILITY INDICATOR (EMERGENCY CARE)</u>	Changed Dataset
<u>CARE PROFESSIONAL TIER (EMERGENCY CARE)</u>	Changed Dataset
<u>CDS ACTIVITY DATE</u>	Changed Description, Dataset
<u>CDS APPLICABLE DATE</u>	Changed Dataset
<u>CDS APPLICABLE TIME</u>	Changed Dataset
<u>CDS BULK REPLACEMENT GROUP CODE</u>	Changed Description, Dataset
<u>CDS COPY RECIPIENT IDENTITY</u>	Changed Dataset
<u>CDS EXTRACT DATE</u>	Changed Dataset
<u>CDS EXTRACT TIME</u>	Changed Dataset
<u>CDS INTERCHANGE APPLICATION REFERENCE</u>	Changed Dataset
<u>CDS INTERCHANGE CONTROL COUNT</u>	Changed Dataset
<u>CDS INTERCHANGE CONTROL REFERENCE</u>	Changed Dataset
<u>CDS INTERCHANGE DATE OF PREPARATION</u>	Changed Dataset
<u>CDS INTERCHANGE RECEIVER IDENTITY</u>	Changed Dataset
<u>CDS INTERCHANGE SENDER IDENTITY</u>	Changed Dataset
<u>CDS INTERCHANGE TEST INDICATOR</u>	Changed Dataset
<u>CDS INTERCHANGE TIME OF PREPARATION</u>	Changed Dataset
<u>CDS MESSAGE REFERENCE</u>	Changed Dataset
<u>CDS MESSAGE TYPE</u>	Changed Dataset
<u>CDS MESSAGE VERSION NUMBER</u>	Changed Description, Dataset
<u>CDS PRIME RECIPIENT IDENTITY</u>	Changed Dataset
<u>CDS PROTOCOL IDENTIFIER CODE</u>	Changed Dataset
<u>CDS RECORD IDENTIFIER</u>	Changed Description, Dataset
<u>CDS REPORT PERIOD END DATE</u>	Changed Dataset
<u>CDS REPORT PERIOD START DATE</u>	Changed Dataset
<u>CDS SENDER IDENTITY</u>	Changed Dataset
<u>CDS TYPE CODE</u>	Changed Description, Dataset
<u>CDS UNIQUE IDENTIFIER</u>	Changed Dataset
<u>CDS UPDATE TYPE</u>	Changed Dataset
<u>CLINICAL TRIAL IDENTIFIER</u>	Changed Description, Dataset
<u>CODED CLINICAL ENTRY SEQUENCE NUMBER</u>	Changed Description, Dataset
<u>COMMISSIONER REFERENCE NUMBER</u>	Changed Dataset
<u>COMMISSIONING SERIAL NUMBER</u>	Changed Dataset
<u>COMORBIDITY (SNOMED CT)</u>	Changed Dataset
<u>DECIDED TO ADMIT DATE</u>	Changed Dataset

<u>DECIDED TO ADMIT TIME</u>	Changed Dataset
<u>DISEASE OUTBREAK NOTIFICATION</u>	Changed Description, Dataset
<u>EMERGENCY CARE ACUITY (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE ARRIVAL DATE</u>	Changed Dataset
<u>EMERGENCY CARE ARRIVAL MODE (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE ARRIVAL TIME</u>	Changed Dataset
<u>EMERGENCY CARE ATTENDANCE CATEGORY</u>	Changed Dataset
<u>EMERGENCY CARE ATTENDANCE CONCLUSION DATE</u>	Changed Dataset
<u>EMERGENCY CARE ATTENDANCE CONCLUSION TIME</u>	Changed Dataset
<u>EMERGENCY CARE ATTENDANCE IDENTIFIER</u>	Changed Description, Dataset
<u>EMERGENCY CARE ATTENDANCE SOURCE (SNOMED CT)</u>	Changed Description, Dataset
<u>EMERGENCY CARE CHIEF COMPLAINT (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE CLINICAL INVESTIGATION (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE DATE SEEN FOR TREATMENT</u>	Changed Dataset
<u>EMERGENCY CARE DEPARTMENT TYPE</u>	Changed Dataset
<u>EMERGENCY CARE DEPARTURE DATE</u>	Changed Dataset
<u>EMERGENCY CARE DEPARTURE TIME</u>	Changed Dataset
<u>EMERGENCY CARE DIAGNOSIS (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE DIAGNOSIS QUALIFIER (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE DISCHARGE DESTINATION (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE DISCHARGE FOLLOW UP (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE DISCHARGE INFORMATION GIVEN (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE DISCHARGE STATUS (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE INITIAL ASSESSMENT DATE</u>	Changed Dataset
<u>EMERGENCY CARE INITIAL ASSESSMENT TIME</u>	Changed Dataset
<u>EMERGENCY CARE INJURY ACTIVITY STATUS (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE INJURY ACTIVITY TYPE (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE INJURY ALCOHOL OR DRUG INVOLVEMENT (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE INJURY INTENT (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE INJURY MECHANISM (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE PLACE OF INJURY (LATITUDE)</u>	Changed Dataset
<u>EMERGENCY CARE PLACE OF INJURY (LONGITUDE)</u>	Changed Dataset
<u>EMERGENCY CARE PLACE OF INJURY (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE PROCEDURE (SNOMED CT)</u>	Changed Dataset
<u>EMERGENCY CARE TIME SEEN FOR TREATMENT</u>	Changed Dataset
<u>ETHNIC CATEGORY</u>	Changed Dataset
<u>EXPIRY DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)</u>	Changed Dataset
<u>EXPIRY TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)</u>	Changed Dataset
<u>GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)</u>	Changed Dataset
<u>GENERAL MEDICAL PRACTITIONER (SPECIFIED)</u>	Changed Dataset

<u>INJURY DATE</u>	Changed Dataset
<u>INJURY TIME</u>	Changed Dataset
<u>INTERPRETER LANGUAGE (SNOMED CT)</u>	Changed Dataset
<u>LOCAL PATIENT IDENTIFIER (EXTENDED)</u>	Changed Dataset
<u>MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE</u>	Changed Dataset
<u>NHS NUMBER</u>	Changed Dataset
<u>NHS NUMBER STATUS INDICATOR CODE</u>	Changed Dataset
<u>NHS SERVICE AGREEMENT LINE NUMBER</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER (CODE OF PROVIDER)</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER (CONVEYING AMBULANCE TRUST)</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)</u>	Changed Dataset
<u>ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)</u>	Changed Dataset
<u>ORGANISATION SITE IDENTIFIER (DISCHARGE FROM EMERGENCY CARE)</u>	Changed Dataset
<u>ORGANISATION SITE IDENTIFIER (EMERGENCY CARE ATTENDANCE SOURCE)</u>	Changed Dataset
<u>ORGANISATION SITE IDENTIFIER (OF TREATMENT)</u>	Changed Dataset
<u>OVERSEAS VISITOR CHARGING CATEGORY AT CDS ACTIVITY DATE</u>	Changed Dataset
<u>PATIENT NAME</u>	Changed Dataset
<u>PATIENT PATHWAY IDENTIFIER</u>	Changed Dataset
<u>PATIENT USUAL ADDRESS</u>	Changed Dataset
<u>PERSON BIRTH DATE</u>	Changed Dataset
<u>PERSON STATED GENDER CODE</u>	Changed Dataset
<u>POSTCODE OF USUAL ADDRESS</u>	Changed Dataset
<u>PREFERRED SPOKEN LANGUAGE (SNOMED CT)</u>	Changed Dataset
<u>PROCEDURE DATE (EMERGENCY CARE CLINICAL INVESTIGATION)</u>	Changed Dataset
<u>PROCEDURE DATE (EMERGENCY CARE PROCEDURE)</u>	Changed Dataset
<u>PROCEDURE TIME (EMERGENCY CARE CLINICAL INVESTIGATION)</u>	Changed Dataset
<u>PROCEDURE TIME (EMERGENCY CARE PROCEDURE)</u>	Changed Dataset
<u>PROFESSIONAL REGISTRATION ENTRY IDENTIFIER</u>	Changed Dataset
<u>PROFESSIONAL REGISTRATION ISSUER CODE</u>	Changed Description, Dataset
<u>PROVIDER REFERENCE NUMBER</u>	Changed Dataset
<u>REFERRAL TO TREATMENT PERIOD END DATE</u>	Changed Dataset
<u>REFERRAL TO TREATMENT PERIOD START DATE</u>	Changed Dataset
<u>REFERRAL TO TREATMENT PERIOD STATUS</u>	Changed Dataset
<u>REFERRED TO SERVICE (SNOMED CT)</u>	Changed Dataset
<u>REFERRED TO SERVICE ASSESSMENT DATE</u>	Changed Dataset
<u>REFERRED TO SERVICE ASSESSMENT TIME</u>	Changed Dataset
<u>SAFEGUARDING CONCERN (SNOMED CT)</u>	Changed Dataset
	Changed Dataset

[START DATE \(MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION ASSIGNMENT PERIOD\)](#)

[START TIME \(MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION ASSIGNMENT PERIOD\)](#)

Changed Dataset

[UNIQUE BOOKING REFERENCE NUMBER \(CONVERTED\)](#)

Changed Dataset

[WAITING TIME MEASUREMENT TYPE](#)

Changed Dataset

[WITHHELD IDENTITY REASON](#)

Changed Dataset

XML Schema Constraint

[COMMISSIONING DATA SET VERSION 6-2-1 XML SCHEMA CONSTRAINTS](#)

Changed Description

[COMMISSIONING DATA SET VERSION 6-2-2 XML SCHEMA CONSTRAINTS](#)

New XML Schema Constraint

Date: 1 November 2018

Sponsor: Tim Donohoe, Director of Technology and Transformation, Department of Health and Social Care.

Note: New text is shown with a blue background. Deleted text is crossed out. Retired text is shown in grey. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

CDS V6-2-2 TYPE 001 - CDS INTERCHANGE HEADER

Change to Data Set: New Data Set

[CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header Overview](#)

For a "Full Screen" view, click [CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header](#).

In the "Full Screen" view, to return to the "Data Set" view, click the browser "back" button.

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

For guidance on the XML Schema constraints, see the [Commissioning Data Set Version 6-2-2 XML Schema Constraints](#).

<u>Notation</u>		DATA GROUP: CDS V6-2-2 TYPE 001 - COMMISSIONING DATA SET INTERCHANGE HEADER	
Group Status	Group Repeats	FUNCTION:	
M	1..1	To carry the details of the mandatory identity and addressing information for the Commissioning Data Set submission. One per Interchange submitted to the Secondary Uses Service. Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.	
M	1..1	Data Element Components	Rules
M	1..1	CDS INTERCHANGE SENDER IDENTITY	F S8
M	1..1	CDS INTERCHANGE RECEIVER IDENTITY	

			F S8
M	1..1	CDS INTERCHANGE CONTROL REFERENCE	F S8
M	1..1	CDS INTERCHANGE DATE OF PREPARATION	F S8 S13
M	1..1	CDS INTERCHANGE TIME OF PREPARATION	F S8 S14
M	1..1	CDS INTERCHANGE APPLICATION REFERENCE	F S8
O	0..1	CDS INTERCHANGE TEST INDICATOR	F

CDS V6-2-2 TYPE 002 - CDS INTERCHANGE TRAILER

Change to Data Set: [New Data Set](#)

[CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer Overview](#)

For a "Full Screen" view, click [CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer](#).

In the "Full Screen" view, to return to the "Data Set" view, click the browser "back" button.

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

For guidance on the XML Schema constraints, see the [Commissioning Data Set Version 6-2-2 XML Schema Constraints](#).

Notation		DATA GROUP: CDS V6-2-2 TYPE 002 - COMMISSIONING DATA SET INTERCHANGE TRAILER			
Group Status	Group Repeats	FUNCTION: To carry the details of the mandatory identity and addressing information for the Commissioning Data Set submission. One per Interchange submitted to the Secondary Uses Service. Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.			
M	1..1				
M	1..1	Data Element Components			
		Rules			
		M	1..1	CDS INTERCHANGE CONTROL REFERENCE	F S8
		M	1..1	CDS INTERCHANGE CONTROL COUNT	F S8
		O	0..1	CDS INTERCHANGE SENDER IDENTITY	F
O	0..1	CDS INTERCHANGE RECEIVER IDENTITY	F		

CDS V6-2-2 TYPE 003 - CDS MESSAGE HEADER

Change to Data Set: [New Data Set](#)

[CDS V6-2-2 Type 003 - Commissioning Data Set Message Header Overview](#)

For a "Full Screen" view, click [CDS V6-2-2 Type 003 - Commissioning Data Set Message Header](#).

In the "Full Screen" view, to return to the "Data Set" view, click the browser "back" button.

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

For guidance on the XML Schema constraints, see the [Commissioning Data Set Version 6-2-2 XML Schema Constraints](#).

Notation		DATA GROUP: CDS V6-2-2 TYPE 003 - COMMISSIONING DATA SET MESSAGE HEADER	
Group Status	Group Repeats	FUNCTION:	
M	1..1	To carry the details of the mandatory identity controls for each Commissioning Data Set Message.	
		One per Commissioning Data Set Message submitted to the Secondary Uses Service.	
		Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.	
M	1..1	Data Element Components	Rules
M	1..1	CDS MESSAGE TYPE	V
M	1..1	CDS MESSAGE VERSION NUMBER	F
M	1..1	CDS MESSAGE REFERENCE	F
O	0..1	CDS RECORD IDENTIFIER	F

CDS V6-2-2 TYPE 004 - CDS MESSAGE TRAILER

Change to Data Set: New Data Set

[CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer Overview](#)

For a "Full Screen" view, click [CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer](#).

In the "Full Screen" view, to return to the "Data Set" view, click the browser "back" button.

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

For guidance on the XML Schema constraints, see the [Commissioning Data Set Version 6-2-2 XML Schema Constraints](#).

Notation		DATA GROUP: CDS V6-2-2 TYPE 004 - COMMISSIONING DATA SET MESSAGE TRAILER	
Group Status	Group Repeats	FUNCTION:	
M	1..1	To carry the details of the mandatory identity controls for each Commissioning Data Set Message.	
		One per Commissioning Data Set Message submitted to the Secondary Uses Service.	
		Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.	

M	1..1	Data Element Components	Rules
M	1..1	CDS MESSAGE REFERENCE	F

CDS V6-2-2 TYPE 005B - CDS TRANSACTION HEADER GROUP - BULK UPDATE PROTOCOL

Change to Data Set: New Data Set

CDS V6-2-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol Overview

For a "Full Screen" view, click [CDS V6-2-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol](#).

In the "Full Screen" view, to return to the "Data Set" view, click the browser "back" button.

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

For guidance on the XML Schema constraints, see the [Commissioning Data Set Version 6-2-2 XML Schema Constraints](#).

Notation	DATA GROUP: CDS V6-2-2 TYPE 005B - COMMISSIONING DATA SET TRANSACTION HEADER GROUP - BULK UPDATE PROTOCOL		
Group Status	Group Repeats	FUNCTION:	
M	1..1	To carry the details of the mandatory Commissioning Data Set Submission Protocol controls for when using the Bulk Update mechanism. One per Commissioning Data Set Message submitted to the Secondary Uses Service. Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.	

M	1..1	Data Element Components	Rules
M	1..1	CDS TYPE CODE	V
M	1..1	CDS PROTOCOL IDENTIFIER CODE	V
O	0..1	CDS UNIQUE IDENTIFIER	F S9
M	1..1	CDS BULK REPLACEMENT GROUP CODE	V
M	1..1	CDS EXTRACT DATE	F S13
M	1..1	CDS EXTRACT TIME	F S14
M	1..1	CDS REPORT PERIOD START DATE	F S6 S13
M	1..1	CDS REPORT PERIOD END DATE	F S6 S13
M	1..1	CDS ACTIVITY DATE	F S6 S10 S11 S13
M	1..1	CDS SENDER IDENTITY	

				F S5
M	1..1	CDS PRIME RECIPIENT IDENTITY		F S5 S7
O	1..7	CDS COPY RECIPIENT IDENTITY		F S5 S7

CDS V6-2-2 TYPE 005N - CDS TRANSACTION HEADER GROUP - NET CHANGE PROTOCOL

Change to Data Set: New Data Set

[CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol](#)

For a "Full Screen" view, click [CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol](#).

In the "Full Screen" view, to return to the "Data Set" view, click the browser "back" button.

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

For guidance on the XML Schema constraints, see the [Commissioning Data Set Version 6-2-2 XML Schema Constraints](#)

Notation		DATA GROUP: CDS V6-2-2 TYPE 005N - COMMISSIONING DATA SET TRANSACTION HEADER GROUP - NET CHANGE PROTOCOL			
Group Status	Group Repeats	FUNCTION: To carry the details of the mandatory Commissioning Data Set Submission Protocol controls for when using the Net Change mechanism. One per Commissioning Data Set Message submitted to the Secondary Uses Service. Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.			
M	1..1				
M	1..1	Data Element Components		Rules	
		M	1..1	CDS TYPE CODE	V
		M	1..1	CDS PROTOCOL IDENTIFIER CODE	V
		M	1..1	CDS UNIQUE IDENTIFIER	F S9
		M	1..1	CDS UPDATE TYPE	V
		M	1..1	CDS APPLICABLE DATE	F S8 S13
		M	1..1	CDS APPLICABLE TIME	F S8 S14
		M	1..1	CDS ACTIVITY DATE	F S6 S10

			S11 S13
M	1..1	CDS SENDER IDENTITY	F S5
M	1..1	CDS PRIME RECIPIENT IDENTITY	F S5 S7 S15
O	1..7	CDS COPY RECIPIENT IDENTITY	F S5 S7

CDS V6-2-2 TYPE 011 - EMERGENCY CARE CDS

Change to Data Set: New Data Set

[CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set Overview.](#)

For a "Full Screen" view, click [CDS V6-2-2 Type 011 - Emergency Care CDS.](#)

In the "Full Screen" view, to return to the "Data Set" view, click the browser "back" button.

For guidance on downloading the XML Schema, see [XML Schema TRUD Download.](#)

For guidance on the XML Schema constraints, see the [Commissioning Data Set Version 6-2-2 XML Schema Constraints.](#)

CDS V6-2-2 TYPE 011 - EMERGENCY CARE COMMISSIONING DATA SET

FUNCTION: To support the details of an Emergency Care Attendance.

Notation		DATA GROUP: CDS V6-2-2 TYPE 001 - COMMISSIONING DATA SET INTERCHANGE HEADER
Group Status	Group Repeats	FUNCTION: To define the mandatory identity and addressing information for a Commissioning Data Set submission .
M	1..1	DATA GROUP: CDS V6-2-2 Type 001 - CDS Interchange Header One per Interchange submitted to the Secondary Uses Service . Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange

Notation		DATA GROUP: CDS V6-2-2 TYPE 003 - COMMISSIONING DATA SET MESSAGE HEADER
Group Status	Group Repeats	FUNCTION: To define the mandatory identity and addressing information for a Commissioning Data Set submission .
M	1..1	DATA GROUP: CDS V6-2-2 Type 003 - CDS Message Header One per Commissioning Data Set Message submitted to the Secondary Uses Service . Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange

ONE OF THE FOLLOWING TWO OPTIONS MUST BE USED

Notation	DATA GROUP: CDS V6-2-2 TYPE 005B - COMMISSIONING DATA SET TRANSACTION HEADER GROUP - BULK UPDATE PROTOCOL
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Group Status	Group Repeats	FUNCTION: To carry Commissioning Data Set identification and addressing data and other data indicating the specific use of the Bulk Replacement Update Mechanism of the Commissioning Data Set Submission Protocol.
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M	1..1	DATA GROUP: CDS V6-2-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol One per Commissioning Data Set record submitted to the Secondary Uses Service. Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.
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OR

Notation	DATA GROUP: CDS V6-2-2 TYPE 005N - COMMISSIONING DATA SET TRANSACTION HEADER GROUP - NET CHANGE PROTOCOL
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Group Status	Group Repeats	FUNCTION: To carry Commissioning Data Set identification and addressing data and other data indicating the specific use of the Net Change Update Mechanism of the Commissioning Data Set Submission Protocol.
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M	1..1	DATA GROUP: CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol One per Commissioning Data Set record submitted to the Secondary Uses Service. Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.
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Notation	DATA GROUP: PATIENT PATHWAY
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Group Status	Group Repeats	FUNCTION: To carry the details of the Patient Pathway.
O	0..1	

M	1..1	DATA GROUP: PATIENT PATHWAY IDENTITY	Rules
M	1..1	UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)	F
<i>Or</i>		<i>Or</i>	
M	1..1	PATIENT PATHWAY IDENTIFIER	F I2
M	1..1	ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)	F I2

M	1..1	DATA GROUP: REFERRAL TO TREATMENT PERIOD CHARACTERISTICS	Rules
M	1..1	REFERRAL TO TREATMENT PERIOD STATUS	V
M	1..1	WAITING TIME MEASUREMENT TYPE	V
O	0..1	REFERRAL TO TREATMENT PERIOD START DATE	F S13
O	0..1	REFERRAL TO TREATMENT PERIOD END DATE	F S13

Notation	DATA GROUP: PATIENT IDENTITY
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Group Status	Group Repeats	FUNCTION: To carry the Identity of the Patient.
M	1..1	See Note: S3 in Commissioning Data Set Business Rules.

One of the following DATA GROUPS must be used:

1..1	DATA GROUP: WITHHELD IDENTITY STRUCTURE Must be used where the Commissioning Data Set record has been anonymised				
M	1..1	Data Element Components		Rules	
		M	1..1	NHS NUMBER STATUS INDICATOR CODE	V
		R	0..1	ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	F
		R	0..1	WITHHELD IDENTITY REASON	V
OR					
1..1	DATA GROUP: VERIFIED IDENTITY STRUCTURE Must be used where the NHS NUMBER STATUS INDICATOR CODE National Code = 01 (Number present and verified)				
R	0..1	DATA GROUP: LOCAL IDENTIFIER STRUCTURE		Rules	
		M	1..1	LOCAL PATIENT IDENTIFIER (EXTENDED)	F S3
		M	1..1	ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)	F
M	1..1	Data Element Components		Rules	
		M	1..1	NHS NUMBER	F S3
		M	1..1	NHS NUMBER STATUS INDICATOR CODE	V
		M	1..1	POSTCODE OF USUAL ADDRESS	F S3
		R	0..1	ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	F
		R	0..1	PERSON BIRTH DATE	F S3 S12
OR					
1..1	DATA GROUP: UNVERIFIED IDENTITY STRUCTURE Must be used for all other values of the NHS NUMBER STATUS INDICATOR CODE NOT included in the above				
R	0..1	DATA GROUP: LOCAL IDENTIFIER STRUCTURE		Rules	
		M	1..1	LOCAL PATIENT IDENTIFIER (EXTENDED)	F S3
		M	1..1	ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)	F
M	1..1	Data Element Components		Rules	
		R	0..1	NHS NUMBER	F
		M	1..1	NHS NUMBER STATUS INDICATOR CODE	V
		O	0..1	PATIENT NAME - PERSON NAME STRUCTURED Or PATIENT NAME - PERSON NAME UNSTRUCTURED	F S3
		O	0..1	PATIENT USUAL ADDRESS - ADDRESS STRUCTURED (Label format Postal Address) Or PATIENT USUAL ADDRESS - ADDRESS UNSTRUCTURED (Character string)	F S3
R	0..1	Data Element Components		Rules	
		R	0..1	POSTCODE OF USUAL ADDRESS	F S3

	R	0..1	ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	F
	R	0..1	PERSON BIRTH DATE	F S3 S12

Notation		DATA GROUP: PATIENT CHARACTERISTICS (EMERGENCY CARE)		
Group	Group	FUNCTION:		
Status	Repeats	To carry the characteristics of the Patient for an Emergency Care Attendance.		
R	0..1			
		Data Element Components		Rules
	R	0..1	PERSON STATED GENDER CODE	V
	R	0..1	ETHNIC CATEGORY	V
	R	0..1	ACCOMMODATION STATUS (SNOMED CT)	F
	R	0..1	PREFERRED SPOKEN LANGUAGE (SNOMED CT)	F
	R	0..1	ACCESSIBLE INFORMATION PROFESSIONAL REQUIRED CODE (SNOMED CT)	F
	R	0..1	INTERPRETER LANGUAGE (SNOMED CT)	F
	R	0..1	OVERSEAS VISITOR CHARGING CATEGORY AT CDS ACTIVITY DATE	V

Notation		DATA GROUP: MENTAL HEALTH ACT LEGAL STATUS		
Group	Group	FUNCTION:		
Status	Repeats	To carry the patients Mental Health Act Legal Status.		
R	0..*			
		Data Element Components		Rules
	R	0..1	START DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION ASSIGNMENT PERIOD)	F S13
	R	0..1	START TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION ASSIGNMENT PERIOD)	F S14
	R	0..1	EXPIRY DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)	F S13
	R	0..1	EXPIRY TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)	F S14
	M	1..1	MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE	V

Notation		DATA GROUP: GP REGISTRATION		
Group	Group	FUNCTION:		
Status	Repeats	To carry the Patient's General Medical Practitioner and the General Practice details.		
R	0..1			
		Data Element Components		Rules
	O	0..1	GENERAL MEDICAL PRACTITIONER (SPECIFIED)	F
	R	0..1	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	F

Notation		DATA GROUP: EMERGENCY CARE ATTENDANCE LOCATION		
Group	Group	FUNCTION:		
Status	Repeats	To carry the details of the Emergency Care Attendance location.		
M	1..1			

M	1..1	Data Element Components		Rules	
		M	1..1	ORGANISATION SITE IDENTIFIER (OF TREATMENT)	F
		M	1..1	EMERGENCY CARE DEPARTMENT TYPE	V

Notation		DATA GROUP: AMBULANCE DETAILS			
Group	Group	FUNCTION:			
Status	Repeats	To carry ambulance details relating to the patients arrival at Emergency Care.			
R	0..1				
R	0..1	Data Element Components		Rules	
		R	0..1	AMBULANCE INCIDENT NUMBER	F
		R	0..1	ORGANISATION IDENTIFIER (CONVEYING AMBULANCE TRUST)	F

Notation		DATA GROUP: EMERGENCY CARE ATTENDANCE ACTIVITY CHARACTERISTICS			
Group	Group	FUNCTION:			
Status	Repeats	To carry the characteristics of the Emergency Care Attendance.			
M	1..1				
M	1..1	Data Element Components		Rules	
		M	1..1	EMERGENCY CARE ATTENDANCE IDENTIFIER	F
		R	0..1	EMERGENCY CARE ARRIVAL MODE (SNOMED CT)	F
		R	0..1	EMERGENCY CARE ATTENDANCE CATEGORY	V
		R	0..1	EMERGENCY CARE ATTENDANCE SOURCE (SNOMED CT)	F
		R	0..1	ORGANISATION SITE IDENTIFIER (EMERGENCY CARE ATTENDANCE SOURCE)	F
		M	1..1	EMERGENCY CARE ARRIVAL DATE	F S1 S13
		M	1..1	EMERGENCY CARE ARRIVAL TIME	F S14
		M	1..1	AGE AT CDS ACTIVITY DATE	F S8
		R	0..1	EMERGENCY CARE INITIAL ASSESSMENT DATE	F S13
		R	0..1	EMERGENCY CARE INITIAL ASSESSMENT TIME	F S14
		R	0..1	EMERGENCY CARE ACUITY (SNOMED CT)	F
		R	0..1	EMERGENCY CARE CHIEF COMPLAINT (SNOMED CT)	F
		R	0..1	EMERGENCY CARE DATE SEEN FOR TREATMENT	F S13
		R	0..1	EMERGENCY CARE TIME SEEN FOR TREATMENT	F S14

Notation		DATA GROUP: INJURY CHARACTERISTICS		
Group	Group	FUNCTION:		
Status	Repeats	To carry the details of injuries.		
R	0..1			
R	0..1	Data Element Components		Rules

M	1..1	INJURY DATE	F
			S13
M	1..1	INJURY TIME	F
			S14
R	0..1	EMERGENCY CARE PLACE OF INJURY (SNOMED CT)	F
O	0..1	EMERGENCY CARE PLACE OF INJURY (LATITUDE)	F
O	0..1	EMERGENCY CARE PLACE OF INJURY (LONGITUDE)	F
R	0..1	EMERGENCY CARE INJURY INTENT (SNOMED CT)	F
R	0..1	EMERGENCY CARE INJURY ACTIVITY STATUS (SNOMED CT)	F
R	0..1	EMERGENCY CARE INJURY ACTIVITY TYPE (SNOMED CT)	F
R	0..1	EMERGENCY CARE INJURY MECHANISM (SNOMED CT)	F
R	0..*	EMERGENCY CARE INJURY ALCOHOL OR DRUG INVOLVEMENT (SNOMED CT)	F

Notation		DATA GROUP: PATIENT CLINICAL HISTORY	
Group	Group	FUNCTION:	
Status	Repeats	To carry patient clinical history details.	
R	0..1		
R	0..1	Data Element Components	Rules
		R 0..*	COMORBIDITY (SNOMED CT) F

Notation		DATA GROUP: SERVICE AGREEMENT DETAILS	
Group	Group	FUNCTION:	
Status	Repeats	To carry the details of the Service Agreement.	
M	1..1		
M	1..1	Data Element Components	Rules
		R 0..1	COMMISSIONING SERIAL NUMBER F
		O 0..1	NHS SERVICE AGREEMENT LINE NUMBER F
		O 0..1	PROVIDER REFERENCE NUMBER F
		O 0..1	COMMISSIONER REFERENCE NUMBER F
		M 1..1	ORGANISATION IDENTIFIER (CODE OF PROVIDER) F
			H4
		M 1..1	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER) F

Notation		DATA GROUP: CARE PROFESSIONALS (EMERGENCY CARE)	
Group	Group	FUNCTION:	
Status	Repeats	To carry the details of the Care Professionals active during the Emergency Care Attendance.	
R	0..*		
R	0..1	Data Element Components	Rules
		M 1..1	PROFESSIONAL REGISTRATION ISSUER CODE F
		M 1..1	PROFESSIONAL REGISTRATION ENTRY IDENTIFIER F
		M 1..1	CARE PROFESSIONAL TIER (EMERGENCY CARE) V
		M 1..1	CARE PROFESSIONAL DISCHARGE RESPONSIBILITY INDICATOR (EMERGENCY CARE) V

Notation		DATA GROUP: EMERGENCY CARE DIAGNOSES (SNOMED CT)			
Group	Group	FUNCTION:			
Status	Repeats	To carry the details of SNOMED CT coded Clinical Diagnoses.			
R	0..*				
R	0..1	Data Element Components		Rules	
		M	1..1	EMERGENCY CARE DIAGNOSIS (SNOMED CT)	F H4
		M	1..1	CODED CLINICAL ENTRY SEQUENCE NUMBER	F
		M	1..1	EMERGENCY CARE DIAGNOSIS QUALIFIER (SNOMED CT)	F

Notation		DATA GROUP: EMERGENCY CARE INVESTIGATIONS (SNOMED CT)			
Group	Group	FUNCTION:			
Status	Repeats	To carry the details of SNOMED CT coded Clinical Investigations.			
R	0..*				
R	0..1	Data Element Components		Rules	
		M	1..1	EMERGENCY CARE CLINICAL INVESTIGATION (SNOMED CT)	F H4
		R	0..1	PROCEDURE DATE (EMERGENCY CARE CLINICAL INVESTIGATION)	F S13
		R	0..1	PROCEDURE TIME (EMERGENCY CARE CLINICAL INVESTIGATION)	F S14

Notation		DATA GROUP: EMERGENCY CARE TREATMENTS (SNOMED CT)			
Group	Group	FUNCTION:			
Status	Repeats	To carry the details of SNOMED CT coded Procedures.			
R	0..*				
R	0..1	Data Element Components		Rules	
		M	1..1	EMERGENCY CARE PROCEDURE (SNOMED CT)	F H4
		R	0..1	PROCEDURE DATE (EMERGENCY CARE PROCEDURE)	F S13
		R	0..1	PROCEDURE TIME (EMERGENCY CARE PROCEDURE)	F S14

Notation		DATA GROUP: REFERRALS TO OTHER SERVICES			
Group	Group	FUNCTION:			
Status	Repeats	To carry the details of referrals to other services.			
R	0..*				
R	0..1	Data Element Components		Rules	
		R	0..1	REFERRED TO SERVICE (SNOMED CT)	F
		M	1..1	ACTIVITY SERVICE REQUEST DATE (EMERGENCY CARE)	F S13
		M	1..1	ACTIVITY SERVICE REQUEST TIME (EMERGENCY CARE)	F S14
		R	0..1	REFERRED TO SERVICE ASSESSMENT DATE	F S13
		R	0..1	REFERRED TO SERVICE ASSESSMENT TIME	

Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange

Notation		DATA GROUP: CDS V6-2-2 TYPE 002 - COMMISSIONING DATA SET INTERCHANGE TRAILER
Group	Group	FUNCTION:
Status	Repeats	To define the mandatory identity and addressing information for a Commissioning Data Set submission .
M	1..1	DATA GROUP: CDS V6-2-2 Type 002 - CDS Interchange Trailer One per Interchange submitted to the Secondary Uses Service . Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange

ACCIDENT AND EMERGENCY DEPARTURE DATE

Change to Supporting Information: Changed Description

An [Accident and Emergency Departure Date](#) is an [ACTIVITY DATE TIME](#).

An [Accident and Emergency Departure Date](#) is the date that a [PATIENT](#) leaves an [Accident and Emergency Department](#) after an [Accident and Emergency Attendance](#) has concluded.

Notes:

- This date may be different from the [Accident and Emergency Attendance Conclusion Date](#) for [PATIENTS](#) who wait for patient transport or who are [LODGED PATIENTS](#) prior to admission to a [WARD](#).
- For [PATIENTS](#) who die in an [Accident and Emergency Department](#) the [Accident and Emergency Departure Date](#) is the date the body was removed from the [Accident and Emergency Department](#).
- The [PATIENT](#) may leave the [Accident and Emergency Department](#) temporarily during an [Accident and Emergency Attendance](#), for example, for an X-ray but they remain under the care of an [Accident and Emergency CONSULTANT](#).

For guidance on the use of this data item in the Accident and Emergency Clinical Quality Indicators, further information is available on the [Department of Health and Social Care](#) National Archives at: [A&E clinical quality indicators: Implementation guidance and data definitions](#).

ACCIDENT AND EMERGENCY DEPARTURE TIME

Change to Supporting Information: Changed Description

An [Accident and Emergency Departure Time](#) is an [ACTIVITY DATE TIME](#).

An [Accident and Emergency Departure Time](#) is the time recorded using a 24 hour clock that a [PATIENT](#) leaves an [Accident and Emergency Department](#) after an [Accident and Emergency Attendance](#) has concluded.

Notes:

- This time will be different from the [Accident and Emergency Attendance Conclusion Time](#) for [PATIENTS](#) who wait for patient transport or who are [LODGED PATIENTS](#) prior to admission to a [WARD](#).
- For [PATIENTS](#) who die in an [Accident and Emergency Department](#) the [Accident and Emergency Departure Time](#) is the time the body was removed from the [Accident and Emergency Department](#).
- The [PATIENT](#) may leave the [Accident and Emergency Department](#) temporarily during an [Accident and Emergency Attendance](#), for example, for an X-ray but they remain under the care of an [Accident and Emergency CONSULTANT](#).

For guidance on the use of this data item in the Accident and Emergency Clinical Quality Indicators, further information is available on the [Department of Health and Social Care](#) National Archives at: [A&E clinical quality indicators: Implementation guidance and data definitions](#).

CDS V6-2-2 TYPE 001 - CDS INTERCHANGE HEADER OVERVIEW

Change to Supporting Information: New Supporting Information

The [CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header](#) carries mandatory controls for a Commissioning Data Set Interchange and is only used by inclusion in other [CDS Types](#).

Note that the [CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header](#) should only be used when submitting the [CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#).

[Commissioning Data Set Interchanges](#) containing [Commissioning Data Set Messages](#) submitted to the [Secondary Uses Service](#) must use the required [Commissioning Data Set Interchange](#) and [Message Header](#) and [Trailer Controls](#) to provide the correct addressing and identification for the data flows.

Multiple [Commissioning Data Set](#) messages are usually sent in a single [Commissioning Data Set Interchange](#) which consists of:

- [CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header](#) - Mandatory - One per [Commissioning Data Set Interchange](#)
- [CDS V6-2-2 Type 003 - Commissioning Data Set Message Header](#) - Mandatory - One per [Commissioning Data Set Message](#)

Dependent upon the [Commissioning Data Set Submission Protocol](#) being used, one of the following must be used:

- [CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#) - Mandatory, one per [CDS Type](#)
- [CDS V6-2-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#) - Mandatory, one per [CDS Type](#)

Followed by:

- [The CDS Type](#) - As required to carry the specific [Commissioning Data Set](#) data records

Each [Commissioning Data Set](#) message ends with:

- [CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer](#) - Mandatory - One per [Commissioning Data Set Message](#)

Each Commissioning Data Set Interchange ends with:

- [CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer](#) - Mandatory - One per Commissioning Data Set Interchange

To access more detailed information on the Commissioning Data Sets, see the [Commissioning Data Sets Introduction](#).

Data Group Overview

A high-level view of the Data Groups carried in the [CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header](#) is shown below.

See [Commissioning Data Set Notation](#) for an explanation of Group Status and Group Repeats.

Notation		DATA GROUP OVERVIEW: CDS V6-2-2 TYPE 001 - COMMISSIONING DATA SET INTERCHANGE HEADER
Group Status	Group Repeats	FUNCTION: To define the mandatory identity and addressing information for a Commissioning Data Set Interchange submission.
M	1..1	DATA GROUP: CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header One per Commissioning Data Set Interchange submitted to the Secondary Uses Service. Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.

CDS V6-2-2 TYPE 002 - CDS INTERCHANGE TRAILER OVERVIEW

Change to Supporting Information: New Supporting Information

The [CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer](#) carries mandatory controls for a Commissioning Data Set Interchange and is only used by inclusion in other [CDS Types](#).

Note that the [CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer](#) should only be used when submitting the [CDS V6-2-2 Type 011 - Emergency Care CDS](#).

Commissioning Data Set Interchanges containing Commissioning Data Set Messages submitted to the [Secondary Uses Service](#) must use the required Commissioning Data Set Interchange and Message Header and Trailer Controls to provide the correct addressing and identification for the data flows.

Multiple Commissioning Data Set messages are usually sent in a single Commissioning Data Set Interchange which consists of:

- [CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header](#) - Mandatory - One per Commissioning Data Set Interchange
- [CDS V6-2-2 Type 003 - Commissioning Data Set Message Header](#) - Mandatory - One per Commissioning Data Set Message

Dependent upon the [Commissioning Data Set Submission Protocol](#) being used, one of the following must be used:

- [CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#) - Mandatory, one per [CDS Type](#)

CDS V6-2-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol- Mandatory, one per CDS Type

Followed by:

- The CDS Type - As required to carry the specific Commissioning Data Set data records

Each Commissioning Data Set message ends with:

- CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer - Mandatory - One per Commissioning Data Set Message

Each Commissioning Data Set Interchange ends with:

- CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer - Mandatory - One per Commissioning Data Set Interchange

To access more detailed information on the Commissioning Data Sets, see the Commissioning Data Sets Introduction.

Data Group Overview

A high-level view of the Data Groups carried in the CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer is shown below.

See Commissioning Data Set Notation for an explanation of Group Status and Group Repeats.

Notation		DATA GROUP OVERVIEW: CDS V6-2-2 TYPE 002 - CDS INTERCHANGE TRAILER
Group Status	Group Repeats	FUNCTION: To define the mandatory identity and addressing information for a Commissioning Data Set submission .
M	1..1	DATA GROUP: <u>CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer</u> One per Interchange submitted to the <u>Secondary Uses Service</u> . Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.

CDS V6-2-2 TYPE 003 - CDS MESSAGE HEADER OVERVIEW

Change to Supporting Information: New Supporting Information

The CDS V6-2-2 Type 003 - Commissioning Data Set Message Header carries mandatory controls for a Commissioning Data Set Message and is only used by inclusion in other CDS Types.

Note that the CDS V6-2-2 Type 003 - Commissioning Data Set Message Header should only be used when submitting the CDS V6-2-2 Type 011 - Emergency Care CDS.

Commissioning Data Set Interchanges containing Commissioning Data Set Messages submitted to the Secondary Uses Service must use the required Commissioning Data Set Interchange and Message Header and Trailer Controls to provide the correct addressing and identification for the data flows.

Multiple Commissioning Data Set messages are usually sent in a single Commissioning Data Set Interchange which consists of:

- [CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header](#) - Mandatory - One per Commissioning Data Set Interchange
- [CDS V6-2-2 Type 003 - Commissioning Data Set Message Header](#) - Mandatory - One per Commissioning Data Set Message

Dependent upon the [Commissioning Data Set Submission Protocol](#) being used, one of the following must be used:

- [CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#) - Mandatory, one per [CDS Type](#)
- [CDS V6-2-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#) - Mandatory, one per [CDS Type](#)

Followed by:

- The [CDS Type](#) - As required to carry the specific Commissioning Data Set data records

Each Commissioning Data Set message ends with:

- [CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer](#) - Mandatory - One per Commissioning Data Set Message

Each Commissioning Data Set Interchange ends with:

- [CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer](#) - Mandatory - One per Commissioning Data Set Interchange

To access more detailed information on the Commissioning Data Sets, see the [Commissioning Data Sets Introduction](#).

Data Group Overview

A high-level view of the Data Groups carried in the [CDS V6-2-2 Type 003 - Commissioning Data Set Message Header](#) is shown below.

See [Commissioning Data Set Notation](#) for an explanation of Group Status and Group Repeats.

Notation		DATA GROUP OVERVIEW: CDS V6-2-2 TYPE 003 - CDS MESSAGE HEADER
Group Status	Group Repeats	FUNCTION: To define the mandatory identity and addressing information for a Commissioning Data Set submission .
M	1..*	DATA GROUP: CDS V6-2-2 Type 003 - Commissioning Data Set Message Header One per Commissioning Data Set Message submitted to the Secondary Uses Service . Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.

CDS V6-2-2 TYPE 004 - CDS MESSAGE TRAILER OVERVIEW

Change to Supporting Information: New Supporting Information

The [CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer](#) carries mandatory controls for a Commissioning Data Set Message and is only used by inclusion in other [CDS Types](#).

Note that the [CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer](#) should only be used when submitting the [CDS V6-2-2 Type 011 - Emergency Care CDS](#).

Commissioning Data Set Interchanges containing Commissioning Data Set Messages submitted to the [Secondary Uses Service](#) must use the required Commissioning Data Set Interchange and Message Header and Trailer Controls to provide the correct addressing and identification for the data flows.

Multiple Commissioning Data Set messages are usually sent in a single Commissioning Data Set Interchange which consists of:

- [CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header](#) - Mandatory - One per Commissioning Data Set Interchange
- [CDS V6-2-2 Type 003 - Commissioning Data Set Message Header](#) - Mandatory - One per Commissioning Data Set Message

Dependent upon the [Commissioning Data Set Submission Protocol](#) being used, one of the following must be used:

- [CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#) - Mandatory, one per CDS Type
- [CDS V6-2-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#) - Mandatory, one per CDS Type

Followed by:

- The [CDS Type](#) - As required to carry the specific Commissioning Data Set data records

Each Commissioning Data Set message ends with:

- [CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer](#) - Mandatory - One per Commissioning Data Set Message

Each Commissioning Data Set Interchange ends with:

- [CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer](#) - Mandatory - One per Commissioning Data Set Interchange

To access more detailed information on the Commissioning Data Sets, see the [Commissioning Data Sets Introduction](#).

Data Group Overview

A high-level view of the Data Groups carried in the [CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer](#) is shown below.

See [Commissioning Data Set Notation](#) for an explanation of Group Status and Group Repeats.

Notation		DATA GROUP OVERVIEW: CDS V6-2-2 TYPE 004 - COMMISSIONING DATA SET MESSAGE TRAILER
Group Status	Group Repeats	

		FUNCTION: To define the mandatory identity and addressing information for a Commissioning Data Set submission .
M	1..*	DATA GROUP: CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer One per Commissioning Data Set Message submitted to the Secondary Uses Service. Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.

CDS V6-2-2 TYPE 005B - CDS TRANSACTION HEADER GROUP - BULK UPDATE PROTOCOL OVERVIEW

Change to Supporting Information: New Supporting Information

The CDS V6-2-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol carries mandatory controls for a Commissioning Data Set Type and is only used by inclusion in other CDS Types.

Note that the CDS V6-2-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol should only be used when submitting the CDS V6-2-2 Type 011 - Emergency Care CDS.

Commissioning Data Set Interchanges containing Commissioning Data Set Messages submitted to the Secondary Uses Service must use the required Commissioning Data Set Interchange and Message Header and Trailer Controls to provide the correct addressing and identification for the data flows. All CDS Types using the Commissioning Data Set Bulk Replacement Update Mechanism of the Commissioning Data Set Submission Protocol must begin with this Mandatory Data Group.

Multiple Commissioning Data Set messages are usually sent in a single Commissioning Data Set Interchange which consists of:

- CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header - Mandatory - One per Commissioning Data Set Interchange
- CDS V6-2-2 Type 003 - Commissioning Data Set Message Header - Mandatory - One per Commissioning Data Set Message

Dependent upon the Commissioning Data Set Submission Protocol being used, one of the following must be used:

- CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol - Mandatory, one per CDS Type
- CDS V6-2-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol - Mandatory, one per CDS Type

Followed by:

- The CDS Type - As required to carry the specific Commissioning Data Set data records

Each Commissioning Data Set message ends with:

- CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer - Mandatory - One per Commissioning Data Set Message

Each Commissioning Data Set Interchange ends with:

- [CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer](#) - Mandatory - One per Commissioning Data Set Interchange

To access more detailed information on the Commissioning Data Sets, see the [Commissioning Data Sets Introduction](#).

Data Group Overview

A high-level view of the Data Groups carried in the [CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#) is shown below.

See [Commissioning Data Set Notation](#) for an explanation of Group Status and Group Repeats.

Notation		DATA GROUP OVERVIEW: CDS V6-2-2 TYPE 005B - TRANSACTION HEADER GROUP - BULK UPDATE PROTOCOL
Group Status	Group Repeats	FUNCTION: To carry Commissioning Data Set identification and addressing data and other data indicating the specific use of one of the Update Mechanisms of the Commissioning Data Set Submission Protocol.
M	1..1	DATA GROUP: CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol One per Commissioning Data Set record submitted to the Secondary Uses Service . Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.

CDS V6-2-2 TYPE 005N - CDS TRANSACTION HEADER GROUP - NET CHANGE PROTOCOL OVERVIEW

Change to Supporting Information: New Supporting Information

The [CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol](#) carries mandatory controls for a Commissioning Data Set Type and is only used by inclusion in other CDS Types.

Note that the [CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol](#) should only be used when submitting the [CDS V6-2-2 Type 011 - Emergency Care CDS](#).

Commissioning Data Set Interchanges containing Commissioning Data Set Messages submitted to the [Secondary Uses Service](#) must use the required Commissioning Data Set interchange and Message Header and Trailer Controls to provide the correct addressing and identification for the data flows. All CDS Types using the Commissioning Data Set Net Change Update Mechanism of the Commissioning Data Set Submission Protocol must begin with this Mandatory Data Group.

Multiple Commissioning Data Set messages are usually sent in a single Commissioning Data Set Interchange which consists of:

- [CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header](#) - Mandatory - One per Commissioning Data Set Interchange
- [CDS V6-2-2 Type 003 - Commissioning Data Set Message Header](#) - Mandatory - One per Commissioning Data Set Message

Dependent upon the [Commissioning Data Set Submission Protocol](#) being used, one of the following must be used:

- [CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#) - Mandatory, one per [CDS Type](#)
- [CDS V6-2-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#) - Mandatory, one per [CDS Type](#)

Followed by:

- The [CDS Type](#) - As required to carry the specific Commissioning Data Set data records

Each Commissioning Data Set message ends with:

- [CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer](#) - Mandatory - One per Commissioning Data Set Message

Each Commissioning Data Set Interchange ends with:

- [CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer](#) - Mandatory - One per Commissioning Data Set Interchange

To access more detailed information on the Commissioning Data Sets, see the [Commissioning Data Sets Introduction](#).

Data Group Overview

A high-level view of the Data Groups carried in the [CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol](#) is shown below.

See [Commissioning Data Set Notation](#) for an explanation of Group Status and Group Repeats.

Notation		DATA GROUP OVERVIEW: CDS V6-2-2 TYPE 005N - CDS TRANSACTION HEADER GROUP - NET CHANGE PROTOCOL
Group Status	Group Repeats	FUNCTION: To carry Commissioning Data Set identification and addressing data and other data indicating the specific use of one of the Update Mechanisms of the Commissioning Data Set Submission Protocol.
M	1..1	DATA GROUP: CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol One per Commissioning Data Set record submitted to the Secondary Uses Service . Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.

CDS V6-2-2 TYPE 011 - EMERGENCY CARE CDS OVERVIEW

Change to Supporting Information: New Supporting Information

[CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#) carries the data for an [Emergency Care Attendance](#).

To access more detailed information on the Commissioning Data Sets, see the [Commissioning Data Sets Introduction](#).

Data Group Overview

A high-level view of the Data Groups carried in the [CDS V6-2-2 Type 011 - Emergency Care CDS Overview](#) is shown below.

See [Commissioning Data Set Notation](#) for an explanation of Group Status and Group Repeats.

Notation		DATA GROUP OVERVIEW: CDS V6-2-2 TYPE 011 - EMERGENCY CARE COMMISSIONING DATA SET
Group Status	Group Repeats	FUNCTION: To support the details of an Emergency Care Attendance.

M	1..1	DATA GROUP: CDS V6-2-2 Type 001 - Commissioning Data Set Interchange Header One per Interchange submitted to the Secondary Uses Service . Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.
M	1..*	DATA GROUP: CDS V6-2-2 Type 003 - Commissioning Data Set Message Header One per Commissioning Data Set Message submitted to the Secondary Uses Service .
M	1..1	DATA GROUP: COMMISSIONING DATA SET TRANSACTION HEADER GROUP Dependent upon the Commissioning Data Set Submission Protocol being used, one of the following must be used per Commissioning Data Set Message submitted to the Secondary Uses Service : CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol Or CDS V6-2-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol

O	0..1	DATA GROUP: PATIENT PATHWAY
M	1..1	DATA GROUP: PATIENT IDENTITY
R	0..1	DATA GROUP: PATIENT CHARACTERISTICS (EMERGENCY CARE)
R	0..*	DATA GROUP: MENTAL HEALTH ACT LEGAL STATUS
R	0..1	DATA GROUP: GP REGISTRATION
R	0..1	DATA GROUP: EMERGENCY CARE ATTENDANCE LOCATION
R	0..1	DATA GROUP: AMBULANCE DETAILS
M	1..1	DATA GROUP: EMERGENCY CARE ATTENDANCE ACTIVITY CHARACTERISTICS
R	0..1	DATA GROUP: INJURY CHARACTERISTICS
R	0..1	DATA GROUP: PATIENT CLINICAL HISTORY
M	1..1	SERVICE AGREEMENT DETAILS
R	0..*	DATA GROUP: CARE PROFESSIONALS (EMERGENCY CARE)
R	0..*	DATA GROUP: EMERGENCY CARE DIAGNOSES
R	0..*	DATA GROUP: EMERGENCY CARE INVESTIGATIONS
R	0..*	DATA GROUP: EMERGENCY CARE TREATMENTS
R	0..*	DATA GROUP: REFERRALS TO OTHER SERVICES
R	0..1	DATA GROUP: DISCHARGE FROM EMERGENCY CARE
O	0..1	DATA GROUP: RESEARCH AND DISEASE OUTBREAK NOTIFICATION

M	1..*	DATA GROUP: CDS V6-2-2 Type 004 - Commissioning Data Set Message Trailer One per Commissioning Data Set Message submitted to the Secondary Uses Service. Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.
M	1..1	DATA GROUP: CDS V6-2-2 Type 002 - Commissioning Data Set Interchange Trailer One per Interchange submitted to the Secondary Uses Service. Multiple Commissioning Data Set Messages may be submitted in a single Commissioning Data Set Interchange.

CDS VERSION 6-2 MENU

Change to Supporting Information: Changed Description

[Commissioning Data Set Business Rules](#)
[Commissioning Data Set Notation](#)

CDS Data Flow Controls - (Mandatory for every CDS Interchange):

[CDS V6-2 Type 001 - CDS Interchange Header](#)
[CDS V6-2 Type 002 - CDS Interchange Trailer](#)
[CDS V6-2 Type 003 - CDS Message Header](#)
[CDS V6-2 Type 004 - CDS Message Trailer](#)
[CDS V6-2-1 Type 001 - CDS Interchange Header](#)
[CDS V6-2-1 Type 002 - CDS Interchange Trailer](#)
[CDS V6-2-1 Type 003 - CDS Message Header](#)
[CDS V6-2-1 Type 004 - CDS Message Trailer](#)
[CDS V6-2-2 Type 001 - CDS Interchange Header](#)
[CDS V6-2-2 Type 002 - CDS Interchange Trailer](#)
[CDS V6-2-2 Type 003 - CDS Message Header](#)
[CDS V6-2-2 Type 004 - CDS Message Trailer](#)

CDS Transaction Header Group - (Mandatory for every CDS TYPE):

[CDS V6-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol](#) or
[CDS V6-2 Type 005N - CDS Transaction Header Group - Net Change Protocol](#)
[CDS V6-2-1 Type 005B - CDS Transaction Header Group - Bulk Update Protocol](#) or
[CDS V6-2-1 Type 005N - CDS Transaction Header Group - Net Change Protocol](#)
[CDS V6-2-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol](#) or
[CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol](#)

CDS TYPES:

Emergency Care:

[CDS V6-2 Type 010 - Accident and Emergency CDS](#)
[CDS V6-2-1 Type 011 - Emergency Care CDS](#)
[CDS V6-2-2 Type 011 - Emergency Care CDS](#)

Outpatient Care:

[CDS V6-2 Type 020 - Outpatient CDS](#)
[CDS V6-2 Type 021 - Future Outpatient CDS](#)

Admitted Patient Care:

[CDS V6-2 Type 120 - Admitted Patient Care - Finished Birth Episode CDS](#)
[CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode CDS](#)
[CDS V6-2 Type 140 - Admitted Patient Care - Finished Delivery Episode CDS](#)

[CDS V6-2 Type 150 - Admitted Patient Care - Other Birth Event CDS](#)
[CDS V6-2 Type 160 - Admitted Patient Care - Other Delivery Event CDS](#)
[CDS V6-2 Type 170 - Admitted Patient Care - Detained and/or Long Term Psychiatric Census CDS](#)
[CDS V6-2 Type 180 - Admitted Patient Care - Unfinished Birth Episode CDS](#)
[CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode CDS](#)
[CDS V6-2 Type 200 - Admitted Patient Care - Unfinished Delivery Episode CDS](#)

Elective Admission List - End Of Period Census Types:

[CDS V6-2 Type 030 - Elective Admission List - End of Period Census \(Standard\) CDS](#)
[CDS V6-2 Type 040 - Elective Admission List - End Of Period Census \(Old\) CDS](#)
[CDS V6-2 Type 050 - Elective Admission List - End Of Period Census \(New\) CDS](#)

Elective Admission List - Event During Period Types:

[CDS V6-2 Type 060 - Elective Admission List - Event During Period \(Add\) CDS](#)
[CDS V6-2 Type 070 - Elective Admission List - Event During Period \(Remove\) CDS](#)
[CDS V6-2 Type 080 - Elective Admission List - Event During Period \(Offer\) CDS](#)
[CDS V6-2 Type 090 - Elective Admission List - Event During Period \(Available or Unavailable\) CDS](#)
[CDS V6-2 Type 100 - Elective Admission List - Event During Period \(Old Service Agreement\) CDS](#)
[CDS V6-2 Type 110 - Elective Admission List - Event During Period \(New Service Agreement\) CDS](#)

COMMISSIONING DATA SET BUSINESS RULES

Change to Supporting Information: Changed Dataset

The [Commissioning Data Sets](#) have notation to identify the business and/or processing rules which apply to individual Data Elements. This notation appears in the [Rules](#) column of the [Commissioning Data Sets](#) details page.

Population Validation

All Data Elements are subject to **length** validation. Some Data Elements are also subject to **format** and **content** validation against a list of permitted values defined in the NHS Data Model and Dictionary. The value lists are held on the Attribute which the Data Element is based on, plus default codes which are held on the Data Element itself.

RULE	POPULATION VALIDATION
F	The format is validated, for example the format of a DATE must comply with the XML standard.
V	The Data Element is validated against an explicit list of permitted values as defined in the NHS Data Model and Dictionary.

Business Rules

Some Data Elements are subject to additional Business Rules as indicated below:

- **Prefix H** = [Healthcare Resource Group](#) Business Rules.
- **Prefix I** = CDS-XML Schema anomalies and issues.
- **Prefix N** = NHS Data Standards and Policy Rules
- **Prefix S** = [Secondary Uses Service](#) Business Rules

PREFIX	BUSINESS RULES: H - Healthcare Resource Group Business Rules
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H4	<p>This Data Element is used by the Secondary Uses Service to derive the Healthcare Resource Group 4.</p> <p>Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.</p> <p>For further information, please refer to the NHS Digital website at: Payment by Results Guidance.</p>
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PREFIX BUSINESS RULES: I - CDS-XML Schema Anomalies and Issues	
I1	This is a known schema anomaly and has been registered for future resolution.
I2	See the specifications in the NHS Data Model and Dictionary for the specific format characteristics of this Data Element.
I3	There is no national requirement to flow Healthcare Resource Group 4 (HRG4) through the Commissioning Data Sets, see DSCN 17/2008 .

PREFIX BUSINESS RULES: N - NHS Data Standards and Policy Rules	
N1	Psychiatric PATIENTS only.
N2	Not defined or approved by the Data Coordination Board or its predecessors the Standardisation Committee for Care Information and Information Standards Board for Health and Social Care .
N3	The definition and value list for this data is under review.
N4	Up to 20 codes per daily activity occurrence may be recorded.
N5	This data should only flow in Commissioning Data Set version 6-1 for PATIENTS detained under the Mental Health Act prior to the Mental Health Act 2007 (Retired June 2015).
N6	This data should only flow in Commissioning Data Set version 6-2 for PATIENTS detained under the Mental Health Act 2007.
N7	From Commissioning Data Set version 6-0 onwards, the use of the DETAINED AND (OR) LONG TERM PSYCHIATRIC CENSUS DATE in the location group is optional as it must be carried in the Episode Characteristics.

PREFIX BUSINESS RULES: S - Secondary Uses Service Business Rules	
S1	This mandatory Commissioning Data Set date is used as the originating date to determine the mandatory CDS ACTIVITY DATE .
S2	The Secondary Uses Service DOES NOT support the use of the CDS TEST INDICATOR. Therefore this Data Element must not be used (Retired June 2015).
S3	See Security Issues and Patient Confidentiality , for further information.
S4	Used to ensure the correct sequencing of multiple and/or subsequent Commissioning Data Set submissions.
S5	These ORGANISATION CODES must be present and registered with the Secondary Uses Service. The Commissioning Data Set Schema does not validate the content value of this data
S6	<p>All CDS REPORT PERIOD START DATES and CDS REPORT PERIOD END DATES must be consistent in all Commissioning Data Set records contained in a BULK Interchange submission.</p> <p>The CDS REPORT PERIOD START DATE must be on or before the CDS REPORT PERIOD END DATE.</p> <p>The CDS ACTIVITY DATE is a mandatory data element and must fall within the period defined.</p> <p>See the Commissioning Data Set Submission Protocol.</p>
S7	See the Commissioning Data Set Addressing Grid .

S8	These Data Elements are required for correct processing by the Secondary Uses Service . If omitted, the Secondary Uses Service will reject the Commissioning Data Set data.
S9	The CDS UNIQUE IDENTIFIER is a mandatory data item when using the Net Change Protocol. When using the Bulk Update Protocol this data item is optional but it is strongly advised that where it can be correctly generated and maintained it should be used. See the Commissioning Data Set Submission Protocol .
S10	For CDS V6-2 Type 170 - Admitted Patient Care - Detained and or Long Term Psychiatric Census Commissioning Data Set , the CDS ACTIVITY DATE contains the CDS CENSUS DATE which is also the DETAINED AND (OR) LONG TERM PSYCHIATRIC CENSUS DATE .
S11	For the following CDS Types , the CDS ACTIVITY DATE must contain the Date of the Elective Admission List Census which is usually the end of the Period being reported: CDS V6-2 Type 030 - Elective Admission List - End of Period Census (Standard) Commissioning Data Set CDS V6-2 Type 040 - Elective Admission List - End Of Period Census (Old) Commissioning Data Set CDS V6-2 Type 050 - Elective Admission List - End Of Period Census (New) Commissioning Data Set
S12	These PERSON BIRTH DATE Data Elements must use DATES between 01/01/1880 and 31/12/2999 in order to pass validation
S13	Data Elements reporting a DATE (which is not a PERSON BIRTH DATE Data Element) must use dates between 01/01/1900 and 31/12/2999 in order to pass validation
S14	For Data Elements reporting a TIME , the hour portion must be between 00 and 23 inclusive in order to pass validation

COMMISSIONING DATA SET NOTATION

Change to Supporting Information: Changed Dataset

The [Commissioning Data Set](#) is the basic structure used for the submission of commissioning data to the [Secondary Uses Service](#) and is designed to be capable of individually conveying many different Commissioning Data Set structures, encompassing Accident and Emergency Attendances, Out-Patient Attendances, Admitted Patient Care and Elective Admission List.

The [Commissioning Data Sets](#) have been defined in specific components known as a [CDS Type](#).

Specific notation is used to indicate the requirements of the [Commissioning Data Set XML Schema Design](#) conditions for submission of data in the [Commissioning Data Sets](#).

The structure of the Commissioning Data Set XML Schema is shown by the use of Data Groups and Sub Groups within those Data Groups. For each Data Group, Sub Group and individual Data Element, the allowed cardinality at each level is also shown in the "Status" and "Repeats" columns.

The [CDS Type](#) specifications must therefore be read in this hierarchy, using the Status and Repeat conditions within the Data Groups and Sub Groups, to determine the requirements for the individual Data Elements.

Status Column Notation

The Notation used for the "**STATUS**" column is as follows:

STATUS	MEANING	DESCRIPTION
M	MANDATORY	<p>This signifies that the collection and submission of this Commissioning Data Set data is deemed MANDATORY and its presence is necessary for the CDS Type to be correctly validated and accepted for processing by the Secondary Uses Service.</p> <p>If a data item is shown as MANDATORY, this should also be regarded as REQUIRED by the Department of Health and Social Care.</p> <p>In most instances, data marked as MANDATORY in a Sub Group will result in its parent Data Group also being marked as mandatory, but this is not always the case.</p> <p>For instance, although the Consultant Episode - Clinical Diagnosis Group (ICD) is marked as R=REQUIRED (and therefore need not actually be populated), if it is used then both the DIAGNOSIS SCHEME IN USE and the PRIMARY DIAGNOSIS (ICD) are marked as M=MANDATORY and must both be present.</p>
R	REQUIRED	<p>This signifies that the collection and submission of this Commissioning Data Set data is deemed REQUIRED by the Department of Health and Social Care to comply with authorised NHS Standards, Policies and Directives. Therefore whenever a Commissioning Data Set is collected and subsequently submitted to the Secondary Uses Service, this data must be supported and populated into the relevant data sets if the data is available.</p> <p>Note that "temporal" conditions may mean that there are instances where this directive cannot be fulfilled.</p> <p>For instance in a CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set, ICD and OPCS data elements are marked as "Required" indicating that this data should be included. However, if at the time of submission to the Secondary Uses Service this data remains incomplete (perhaps awaiting coding in the Organisation), the remaining data in the CDS record should still be submitted. Once the Organisation has updated its systems with the data, the CDS Type relating to that ACTIVITY should then be resubmitted to the Secondary Uses Service.</p>
O	OPTIONAL	<p>This signifies that the collection and submission of this Commissioning Data Set data is OPTIONAL. Its inclusion in the Commissioning Data Set is therefore determined by "local agreement" between the Organisations exchanging the data.</p> <p>Note that even if marked O=OPTIONAL, any data included in a Commissioning Data Set submission to the Secondary Uses Service must comply with its specification published in the NHS Data Model and Dictionary otherwise the data may be deemed invalid and rejected.</p>
X	X	<p>This is used where the Data Element name has been included in the Commissioning Data Set design, usually for pilot use, but is not yet authorised for transmission by the wider NHS. The Data Element will be in italics and not linked to the Data Element where one exists.</p>

Repeats Column Notation

The Notation used for the "REPEATS" column is as follows:

REPEATS	DESCRIPTION
0..1	This signifies that the permitted occurrences of the Data Group, Sub Group or individual Data Element are from a minimum of 0 to a maximum of 1.
0..9	This signifies that the permitted occurrences of the Data Group, Sub Group or individual Data Element are from a minimum of 0 to a maximum of 9.
0..*	This signifies that the permitted occurrences of the Data Group, Sub Group or individual Data Element are from a minimum of 0 to an unlimited maximum.
1..1	This signifies that the permitted occurrences of the Data Group, Sub Group or individual Data Element are from a minimum of 1 to a maximum of 1.
1..97	This signifies that the permitted occurrences of the Data Group, Sub Group or individual Data Element are from a minimum of 1 to a maximum of 97.
1..*	This signifies that the permitted occurrences of the Data Group, Sub Group or individual Data Element are from a minimum of 1 to an unlimited maximum.

Rules Column Notation

An entry in the "[Rules](#)" column shows that a specific Rule applies to submission of an individual Data Element.

The meaning of these Rules can be found in [Commissioning Data Set Business Rules](#).

Notation Examples

The following are examples of some common scenarios.

EXAMPLE 1: A MANDATORY Data Group with differing Sub-Groups and component data status conditions.		
<p>The following example shows a MANDATORY Data Group - therefore the Data Group must be present for the CDS Type to be validated and accepted for processing by the Secondary Uses Service.</p> <p>When a Data Group is used:</p> <ol style="list-style-type: none"> 1. All MANDATORY Sub Groups and/or Data Elements must be present 2. Any REQUIRED Sub Groups and/or Data Elements must be present if the data is available 3. Any OPTIONAL Sub Groups and/or Data Elements may be omitted <p>The following data structure is one of three options when completing the Patient Identity Data Group:</p>		
1..1	DATA GROUP: VERIFIED IDENTITY STRUCTURE Must be used where the NHS NUMBER STATUS INDICATOR CODE National Code Value = 01 = Verified	Rules
R	0..1 DATA GROUP: LOCAL IDENTIFIER STRUCTURE	

		M	1..1	LOCAL PATIENT IDENTIFIER	F
		M	1..1	ORGANISATION CODE (LOCAL PATIENT IDENTIFIER)	F
M	1..1	Data Element Components			Rules
		M	1..1	NHS NUMBER	F
		M	1..1	NHS NUMBER STATUS INDICATOR CODE	V
		M	1..1	POSTCODE OF USUAL ADDRESS	S3
		R	0..1	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	F
		R	0..1	PERSON BIRTH DATE	F S3 S12

EXPLANATION:

The parent Data Group has a "Status" of **M=MANDATORY** which indicates that this Data Group must be present in the Commissioning Data Set to ensure correct validation and acceptance when submitted to the [Secondary Uses Service](#). The parent Data Group "Repeats" = 1..1 indicates that only one occurrence of this Data Group must flow in this particular Commissioning Data Set record.

The Sub Group of "Local Identifier Structure" is marked as **R=REQUIRED** and therefore must be populated if the data is available. The "Repeats" notation of 0..1 indicates that population of this Sub Group is not necessary to enable the Commissioning Data Set record to be sent to the [Secondary Uses Service](#). If it is sent, then only one occurrence of this Sub Group may flow in this particular Commissioning Data Set record.

Both Data Elements in the Sub Group are marked **M=MANDATORY** and must both be correctly populated.

The Sub Group of "Data Element Components" is a "generic" structure and is marked as **M=MANDATORY** and therefore must be populated. The "Repeats" notation of 1..1 indicates that only one occurrence of this Data Group may flow in this particular Commissioning Data Set record. All the Data Elements marked with **M=MANDATORY** must be populated. [PERSON BIRTH DATE](#) however is marked with **R=REQUIRED**, so must also be completed if the data is available.

EXAMPLE 2:

A REQUIRED Data Group with differing component data status conditions.

The following example shows a **REQUIRED** Data Group. This data must be present in the relevant Commissioning Data Set if available. However, if submitted to the [Secondary Uses Service](#), omission of this **REQUIRED** Data Group will not cause rejection.

When the Data Group is used:

1. All **MANDATORY** Sub Groups and/or Data Elements must be utilised
2. Any **REQUIRED** Sub Groups and/or Data Elements must be present if the data is available
3. Any **OPTIONAL** Sub Groups and/or Data Elements may be omitted

Notation		DATA GROUP: CONSULTANT EPISODE - CLINICAL DIAGNOSIS GROUP (ICD)			
Group Status	Group Repeats	FUNCTION:			
R	0..1	To carry the details of the ICD coded Clinical Diagnoses.			
M	1..1	Data Element Components			Rules

		M	1..1	PROCEDURE SCHEME IN USE	V
M	1..1	DATA GROUP: PRIMARY DIAGNOSIS			Rules
		M	1..1	PRIMARY DIAGNOSIS (ICD)	F H4
		O	0..1	PRESENT ON ADMISSION INDICATOR	F
O	0..*	DATA GROUP: SECONDARY DIAGNOSIS			Rules
		M	1..1	SECONDARY DIAGNOSIS (ICD)	F H4
		O	0..1	PRESENT ON ADMISSION INDICATOR	F

EXPLANATION:

The Data Group "**Status**" = **R = Required** indicates that this Data Group must be populated in the relevant Commissioning Data Set if the data is available. The Data Group "**Repeats**" = **0..1** indicates that population of this Data Group is not necessary to enable the Commissioning Data Set to be sent to the [Secondary Uses Service](#). If it is sent, then only one occurrence of this Data Group may flow in this particular Commissioning Data Set record.

If the Data Group is completed then the Data Element [PROCEDURE SCHEME IN USE](#), marked as **M=MANDATORY**, must be populated. The "**Repeats**" notation of 1..1 indicates that only one occurrence of this Data Element is valid.

If the Data Group is completed then the Data Element [PRIMARY DIAGNOSIS \(ICD\)](#), marked as **M=MANDATORY**, must be populated. The "**Repeats**" notation of 1..1 indicates that only one occurrence of this Data Element is valid.

If the Data Group is completed then the Sub Group "Secondary Diagnoses", marked as **O=OPTIONAL**, may be omitted, but if populated it must be in the correct format. The "**Repeats**" notation of 0..* indicates that unlimited occurrences of this Data Element are valid. Each occurrence must contain a valid [SECONDARY DIAGNOSIS \(ICD\)](#).

COMMISSIONING DATA SETS MENU

Change to Supporting Information: Changed Description

- [CDS Overview](#)
- [CDS Version 6-2 Type List](#)
- [CDS Versions](#)

- [CDS Addressing Grid](#)
- [CDS Business Rules](#)
- [CDS Data Duplication](#)
- [CDS Mandated Data Flows](#)
- [CDS Notation](#)
- [CDS Submission and Organisation Mergers](#)
- [CDS Submission Protocol](#)
- [Referral To Treatment Clock Stop Administrative Event](#)
- [Security Issues and Patient Confidentiality](#)

- **CDS XML Schema:**

- [CDS XML Schema Overview](#)
- [CDS XML Schema Design](#)
- [CDS XML Schema Version Numbering](#)
- [CDS XML Schema Documentation](#)
- [XML Schema TRUD Download](#)

XML Schema Constraints:

- [CDS Version 6-2 XML Schema Constraints](#)
- [CDS Version 6-2-1 XML Schema Constraints](#)
- [CDS Version 6-2-2 XML Schema Constraints](#)

COMMISSIONING DATA SET VERSION 6-2 TYPE LIST

Change to Supporting Information: Changed Description

CDS Layout with CDS XML Schema Rules	Overview
Emergency Care:	
CDS V6-2 Type 010 - Accident and Emergency CDS	CDS V6-2 Type 010 - Accident and Emergency CDS Overview
CDS V6-2-1 Type 011 - Emergency Care CDS	CDS V6-2-1 Type 011 - Emergency Care CDS Overview
CDS V6-2-2 Type 011 - Emergency Care CDS	CDS V6-2-2 Type 011 - Emergency Care CDS Overview
Outpatient Care:	
CDS V6-2 Type 020 - Outpatient CDS	CDS V6-2 Type 020 - Outpatient CDS Overview
CDS V6-2 Type 021 - Future Outpatient CDS	CDS V6-2 Type 021 - Future Outpatient CDS Overview
Admitted Patient Care:	
CDS V6-2 Type 120 - Admitted Patient Care - Finished Birth Episode CDS	CDS V6-2 Type 120 - Admitted Patient Care - Finished Birth Episode CDS Overview
CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode CDS	CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode CDS Overview
CDS V6-2 Type 140 - Admitted Patient Care - Finished Delivery Episode CDS	CDS V6-2 Type 140 - Admitted Patient Care - Finished Delivery Episode CDS Overview
CDS V6-2 Type 150 - Admitted Patient Care - Other Birth Event CDS	CDS V6-2 Type 150 - Admitted Patient Care - Other Birth Event CDS Overview
CDS V6-2 Type 160 - Admitted Patient Care - Other Delivery Event CDS	CDS V6-2 Type 160 - Admitted Patient Care - Other Delivery Event CDS Overview
CDS V6-2 Type 170 - Admitted Patient Care - Detained and/or Long Term Psychiatric Census CDS	CDS V6-2 Type 170 - Admitted Patient Care - Detained and/or Long Term Psychiatric Census CDS Overview
CDS V6-2 Type 180 - Admitted Patient Care - Unfinished Birth Episode CDS	CDS V6-2 Type 180 - Admitted Patient Care - Unfinished Birth Episode CDS Overview
CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode CDS	CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode CDS Overview

CDS V6-2 Type 200 - Admitted Patient Care - Unfinished Delivery Episode CDS	CDS V6-2 Type 200 - Admitted Patient Care - Unfinished Delivery Episode CDS Overview
Elective Admission List - End Of Period Census Types:	
CDS V6-2 Type 030 - Elective Admission List - End of Period Census (Standard) CDS	CDS V6-2 Type 030 - Elective Admission List - End of Period Census (Standard) CDS Overview
CDS V6-2 Type 040 - Elective Admission List - End Of Period Census (Old) CDS	CDS V6-2 Type 040 - Elective Admission List - End Of Period Census (Old) CDS Overview
CDS V6-2 Type 050 - Elective Admission List - End Of Period Census (New) CDS	CDS V6-2 Type 050 - Elective Admission List - End Of Period Census (New) CDS Overview
Elective Admission List - Event During Period Types:	
CDS V6-2 Type 060 - Elective Admission List - Event During Period (Add) CDS	CDS V6-2 Type 060 - Elective Admission List - Event During Period (Add) CDS Overview
CDS V6-2 Type 070 - Elective Admission List - Event During Period (Remove) CDS	CDS V6-2 Type 070 - Elective Admission List - Event During Period (Remove) CDS Overview
CDS V6-2 Type 080 - Elective Admission List - Event During Period (Offer) CDS	CDS V6-2 Type 080 - Elective Admission List - Event During Period (Offer) CDS Overview
CDS V6-2 Type 090 - Elective Admission List - Event During Period (Available or Unavailable) CDS	CDS V6-2 Type 090 - Elective Admission List - Event During Period (Available or Unavailable) CDS Overview
CDS V6-2 Type 100 - Elective Admission List - Event During Period (Old Service Agreement) CDS	CDS V6-2 Type 100 - Elective Admission List - Event During Period (Old Service Agreement) CDS Overview
CDS V6-2 Type 110 - Elective Admission List - Event During Period (New Service Agreement) CDS	CDS V6-2 Type 110 - Elective Admission List - Event During Period (New Service Agreement) CDS Overview
Commissioning Data Set Interchange and Message Controls - Mandatory for every Interchange:	
CDS V6-2 Type 001 - CDS Interchange Header	CDS V6-2 Type 001 - CDS Interchange Header Overview
CDS V6-2 Type 002 - CDS Interchange Trailer	CDS V6-2 Type 002 - CDS Interchange Trailer Overview
CDS V6-2 Type 003 - CDS Message Header	CDS V6-2 Type 003 - CDS Message Header Overview
CDS V6-2 Type 004 - CDS Message Trailer	CDS V6-2 Type 004 - CDS Message Trailer Overview
CDS V6-2-1 Type 001 - CDS Interchange Header	CDS V6-2-1 Type 001 - CDS Interchange Header Overview
CDS V6-2-1 Type 002 - CDS Interchange Trailer	CDS V6-2-1 Type 002 - CDS Interchange Trailer Overview
CDS V6-2-1 Type 003 - CDS Message Header	CDS V6-2-1 Type 003 - CDS Message Header Overview
CDS V6-2-1 Type 004 - CDS Message Trailer	CDS V6-2-1 Type 004 - CDS Message Trailer Overview
CDS V6-2-2 Type 001 - CDS Interchange Header	CDS V6-2-2 Type 001 - CDS Interchange Header Overview
CDS V6-2-2 Type 002 - CDS Interchange Trailer	CDS V6-2-2 Type 002 - CDS Interchange Trailer Overview

CDS V6-2-2 Type 003 - CDS Message Header	CDS V6-2-2 Type 003 - CDS Message Header Overview
CDS V6-2-2 Type 004 - CDS Message Trailer	CDS V6-2-2 Type 004 - CDS Message Trailer Overview
Commissioning Data Set Transaction Header Group - Mandatory for every Commissioning Data Set:	
CDS V6-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol	CDS V6-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol Overview
or	
CDS V6-2 Type 005N - CDS Transaction Header Group - Net Change Protocol	CDS V6-2 Type 005N - CDS Transaction Header Group - Net Change Protocol Overview
or	
CDS V6-2-1 Type 005B - CDS Transaction Header Group - Bulk Update Protocol	CDS V6-2-1 Type 005B - CDS Transaction Header Group - Bulk Update Protocol Overview
or	
CDS V6-2-1 Type 005N - CDS Transaction Header Group - Net Change Protocol	CDS V6-2-1 Type 005N - CDS Transaction Header Group - Net Change Protocol Overview
or	
CDS V6-2-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol	CDS V6-2-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol Overview
or	
CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol	CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol Overview

COMMISSIONING DATA SET VERSIONS

Change to Supporting Information: Changed Description

Listed below are the Commissioning Data Set versions since 2001.

Current versions:

- ~~November 2012: [CDS Version 6-2 Type List](#) (updated October 2017 to support CDS Version 6-2-1)~~
- November 2012: [CDS Version 6-2 Type List](#) (updated October 2017 to support CDS Version 6-2-1 and April 2019 to support CDS Version 6-2-2)

Retired versions:

- November 2008: CDS Version 6-1 Type List
- December 2007 to November 2012: CDS Version 6-0
- April 2005 to March 2008: CDS Version NHS005 Type List
- April 2001 to March 2005: CDS Version NHS003 and 4 Type List

The XML Schemas and supporting information can be downloaded from [Technology Reference Data Update Distribution \(TRUD\)](#) at: [NHS Data Model and Dictionary: DD XML Schemas](#).

SECONDARY USES SERVICE

Change to Supporting Information: Changed Dataset

The [Secondary Uses Service](#) is designed to provide anonymous [PATIENT](#)-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

The [NHS Digital Secondary Uses Service](#) has overall responsibility for delivering the [Secondary Uses Service](#) to users, Commissioners and Providers of NHS funded care.

The [Secondary Uses Service](#) provides a consistent environment for the management and linkage of data, allowing better comparison of data across the care sector, together with associated analysis and reporting tools.

Further information on the [Secondary Uses Service](#) can be found on the [NHS Digital](#) website at: [Secondary Uses Service \(SUS\)](#).

XML SCHEMA TRUD DOWNLOAD

Change to Supporting Information: Changed Description, Dataset

Background:

XML Schemas and Release Notes can be downloaded from [Technology Reference Data Update Distribution \(TRUD\)](#).

In order to access the XML Schemas and Release Notes on [Technology Reference Data Update Distribution \(TRUD\)](#), users will be required to:

- Create a [TRUD](#) account at: [TRUD: Account Creation](#) (if an account does not currently exist. This only has to be done once to access any XML Schema)
- Log into [TRUD](#) at: [TRUD: Log in](#)
- Access [NHS Data Model and Dictionary: DD XML Schemas](#) and subscribe to the XML Schema to be downloaded
- Accept the licence and request the subscription (an email will be sent immediately to confirm that the request has been accepted and the files can be downloaded, which avoids any delays)
- Once the "Subscription accepted" email has been received, download the zip file from [NHS Data Model and Dictionary: DD XML Schemas](#).

Once an XML Schema has been added to [TRUD](#), users who have subscribed to that item will be automatically notified by email of any updates to that area, for example, new versions, retirements etc.

XML Schema Download:

XML Schemas and Release Notes for the following Data Sets in the NHS Data Model and Dictionary can be downloaded from [Technology Reference Data Update Distribution \(TRUD\)](#) at: [NHS Data Model and Dictionary: DD XML Schemas](#).

- [Cancer Outcomes and Services Data Set \(COSDS\)](#)
- [Community Services Data Set \(CSDS\)](#)
- [Commissioning Data Set \(CDS\) V6-2](#)
- [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set](#)
- [CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#)
- [Diagnostic Imaging Data Set \(DIDS\)](#)
- [HIV and AIDS Reporting Data Set \(HARS\)](#)
- [Information Sharing to Tackle Violence Minimum Data Set \(ISTVDS\)](#)
- [Maternity Services Data Set \(MSDS\)](#)
- [National Cancer Waiting Times Monitoring Data Set \(NCWTMDS\)](#)
- [NHS Health Checks Data Set \(NHSHC\)](#)
- [Systemic Anti-Cancer Therapy Data Set \(SACT\)](#)

For supplementary information on the XML Schema Publication and Download, see the [NHS Data Model and Dictionary Service](#) part of the [NHS Digital](#) website at: [Policies: XML Schema Publication and Download guidance](#).

ADDRESS STRUCTURED

Change to Class: Changed Dataset

A subtype of [ADDRESS](#).

An [ADDRESS](#) comprised of address elements.

Address elements correspond to the Royal Mail Postal Address File unless indicated otherwise.

ADDRESS UNSTRUCTURED

Change to Class: Changed Dataset

A subtype of [ADDRESS](#).

A recognizable postal address comprised of up to five lines of 35 alphanumeric characters.

Note: the format relates to the physical layout, and not necessarily to the logical layout of the address.

PERSON NAME STRUCTURED

Change to Class: Changed Dataset

A subtype of [PERSON NAME](#).

A full name comprised of one or more separate [PERSON NAMES](#) in sequence.

The [PERSON NAME](#) must contain at least one [PERSON NAME](#) of the type 'Person Family Name'.

PERSON NAME UNSTRUCTURED

Change to Class: Changed Dataset

A subtype of [PERSON NAME](#).

The full name of a [PERSON](#) expressed as a single textual record.

ACTIVITY DATE

Change to Attribute: Changed Dataset

Any [DATE](#) that is of relevance to an [ACTIVITY](#).

The specific nature of the [DATE](#) will be identified by the [ACTIVITY DATE TYPE](#).

ACTIVITY IDENTIFIER

Change to Attribute: Changed Dataset

A unique number or set of characters that is applicable to only one [ACTIVITY](#) for a [PATIENT](#) within an [Organisation](#).

ACTIVITY SERVICE REQUEST DATE

Change to Attribute: Changed Dataset

The [DATE](#) that a [SERVICE REQUEST](#) for an [ACTIVITY](#) was made.

ACTIVITY SERVICE REQUEST TIME

Change to Attribute: Changed Dataset

The [TIME](#) that a [SERVICE REQUEST](#) for an [ACTIVITY](#) was made.

ACTIVITY TIME

Change to Attribute: Changed Dataset

Any [TIME](#) that is of relevance to an [ACTIVITY](#).

The specific nature of the [TIME](#) will be identified by the [ACTIVITY TIME TYPE](#).

CARE PROFESSIONAL DISCHARGE RESPONSIBILITY INDICATOR FOR EMERGENCY CARE

Change to Attribute: Changed Dataset

An indication of whether a [CARE PROFESSIONAL](#) is responsible for discharge of the [PATIENT](#) from an [Emergency Care Attendance](#).

National Codes:

- Y Yes - the [CARE PROFESSIONAL](#) is responsible for discharge of the [PATIENT](#)
- N No - the [CARE PROFESSIONAL](#) is not responsible for discharge of the [PATIENT](#)

CARE PROFESSIONAL TIER FOR EMERGENCY CARE

Change to Attribute: Changed Dataset

The tier of [CARE PROFESSIONAL](#) treating the [PATIENT](#) during an [Emergency Care Attendance](#).

The [CARE PROFESSIONAL TIERS FOR EMERGENCY CARE](#) are defined in the Royal College of Emergency Medicine Guidelines for Medical and Practitioner Staffing in Emergency Departments. See the [Royal College of Emergency Medicine](#) website at [Medical and Practitioner Workforce Guidance](#).

National Codes:

- 01 Require complete supervision. All [PATIENTS](#) must be signed off by a senior [CARE PROFESSIONAL](#) before admission or discharge
- 02 Require access to advice or direct supervision, or practice independently but with limited scope
- 03 More senior/experienced [CARE PROFESSIONALS](#), requiring less direct supervision. Fewer limitations in scope of practice
- 04 Senior [CARE PROFESSIONALS](#) able to supervise an [Emergency Care Department](#) alone with remote support. Possess some extended skills. Full scope of practice
- 05 Senior [CARE PROFESSIONALS](#) ([CONSULTANTS](#)) with accredited advanced qualifications in Emergency Medicine. Full set of extended skills. Full scope of practice

CLINICAL TERMINOLOGY CODE

Change to Attribute: Changed Dataset

A unique clinical terminology identifier for a [CODED CLINICAL ENTRY](#).

This could be [Read Coded Clinical Terms](#), [SNOMED CT](#) concepts or defined in the [National Interim Clinical Imaging Procedure Code Set](#).

See [Clinical Coding](#) for further information about the types of [CODED CLINICAL ENTRIES](#).

Note: [SNOMED CT](#) is the Information Standard for clinical terminology for use within the NHS; it is planned that in time this will be the only terminology used by the NHS.

CLINICAL TRIAL IDENTIFIER

Change to Attribute: Changed Dataset

A unique identifier assigned to a [CLINICAL TRIAL](#).

CODED CLINICAL ENTRY SEQUENCE NUMBER

Change to Attribute: Changed Dataset

The sequence number of a [CODED CLINICAL ENTRY](#), recorded to enable correct sequential processing of data.

COMMISSIONER REFERENCE NUMBER

Change to Attribute: Changed Dataset

A number (alphanumeric) allocated by the commissioner to a [REFERRAL REQUEST](#).

DECIDED TO ADMIT DATE

Change to Attribute: Changed Dataset

The date a [DECISION TO ADMIT](#) was made.

DECIDED TO ADMIT TIME

Change to Attribute: Changed Dataset

The time a [DECISION TO ADMIT](#) was made.

EMERGENCY CARE ATTENDANCE CATEGORY

Change to Attribute: Changed Description, Dataset

The category of [Emergency Care Attendance](#).

National Codes:

- 1 Unplanned First [Emergency Care Attendance](#) for a new clinical condition (or deterioration of a chronic condition).
- 2 Unplanned Follow-up [Emergency Care Attendance](#) for the same or a related clinical condition and within 7 days of the First [Emergency Care Attendance](#) at **THIS** [Emergency Care Department](#)
- 3

Unplanned Follow-up [Emergency Care Attendance](#) for the same or a related clinical condition and within 7 days of the First [Emergency Care Attendance](#) at **ANOTHER** [Emergency Care Department](#)

- 4 Planned Follow-up [Emergency Care Attendance](#) within 7 days of the First [Emergency Care Attendance](#) at **THIS** [Emergency Care Department](#)

EMERGENCY CARE DEPARTMENT TYPE

Change to Attribute: Changed Description, Dataset

The type of [Emergency Care Department](#).

National Codes:

- 01 Emergency departments are a [CONSULTANT](#) led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency [PATIENTS](#)
- 02 Consultant led mono specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of [PATIENTS](#)
- 03 Other type of A&E/minor injury [ACTIVITY](#) with designated accommodation for the reception of accident and emergency [PATIENTS](#). The department may be doctor led or [NURSE](#) led and treats at least minor injuries and illnesses and can be routinely accessed without [APPOINTMENT](#). A [SERVICE](#) mainly or entirely [APPOINTMENT](#) based (for example a [GP Practice](#) or [Out-Patient Clinic](#)) is excluded even though it may treat a number of [PATIENTS](#) with minor illness or injury. Excludes NHS walk-in centres
- 04 NHS walk in centres
- 05 Ambulatory Emergency Care Service *

~~* Note that National Code 05 is only valid for piloting purposes in the [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set](#) and must not be submitted in the [CDS V6-2 Type 010 - Accident and Emergency Commissioning Data Set](#).~~ * Note that National Code 05 is only valid for piloting purposes in the [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set / CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#) and must not be submitted in the [CDS V6-2 Type 010 - Accident and Emergency Commissioning Data Set](#).

ETHNIC CATEGORY CODE

Change to Attribute: Changed Dataset

The ethnicity of a [PERSON](#), as specified by the [PERSON](#).

Note: [ETHNIC CATEGORY](#) is the classification used for the 2001 census.

The [Office for National Statistics](#) has developed a further breakdown of the group from that given, which may be used locally.

National Codes:

White

- A British
- B Irish
- C Any other White background

Mixed

- D White and Black Caribbean
- E White and Black African
- F White and Asian
- G Any other mixed background

Asian or Asian British

- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian background

Black or Black British

- M Caribbean
- N African
- P Any other Black background

Other Ethnic Groups

- R Chinese
- S Any other ethnic group

- Z Not stated

National code Z - Not Stated should be used where the [PERSON](#) has been given the opportunity to state their [ETHNIC CATEGORY](#) but chose not to.

GENERAL MEDICAL PRACTITIONER PPD CODE

Change to Attribute: Changed Dataset

This is the [NHS Prescription Services](#) code to identify a [GENERAL MEDICAL PRACTITIONER](#).

The [DOCTOR INDEX NUMBER](#) is passed to the [NHS Prescription Services](#), which adds a leading character and a check digit to create the [GENERAL MEDICAL PRACTITIONER PPD CODE](#). [NHS Prescription Services](#) use this for the issue of prescription pads etc.

For England and Wales, in addition to a [GENERAL MEDICAL PRACTITIONER PPD CODE](#), a [GENERAL MEDICAL PRACTITIONER](#) may have one or more spurious [GENERAL MEDICAL PRACTITIONER](#) Code(s). These are allocated if a [GENERAL MEDICAL PRACTITIONER](#) works in additional [General Medical Practitioner Practice](#). The spurious [GENERAL MEDICAL PRACTITIONER](#) Codes are not derived from the [DOCTOR INDEX NUMBER](#), but do follow the same format as the

[GENERAL MEDICAL PRACTITIONER PPD CODE](#), and are allocated by the [NHS Prescription Services](#). All spurious [GENERAL MEDICAL PRACTITIONER](#) Codes begin with either 'G6' or 'G7'.

England and Wales General Medical Practitioner Code format

Practitioner Code Type	Character Position								Allocated By	Allocated To	Known As	Notes
	1	2	3	4	5	6	7	8				
GENERAL MEDICAL PRACTITIONER PPD CODE	G	0-9	0-9	0-9	0-9	0-9	0-9	0-9	NHS Prescription Services	Prescribing GMPs in England & Wales	GMP	Derived from DOCTOR INDEX NUMBER - NHS Prescription Services add leading G and a check digit. Associated with practice.

Scottish General Medical Practitioner Code format

Practitioner Code Type	Character Position								Allocated By	Allocated To	Known As	Notes
	1	2	3	4	5	6	7	8				
Scottish General Medical Practitioner Code	S	0-9	0-9	0-9	0-9	0-9	0-9	0-9	Information Standards Division (Scotland)	GMPs in Scotland	GMP	

Northern Ireland General Medical Practitioner Code format

Practitioner Code Type	Character Position								Allocated By	Allocated To	Known As	Notes
	1	2	3	4	5	6	7	8				
Northern Ireland General Medical Practitioner Code	Z	E, N, S, W	0-9	0-9	0-9	0-9	0-9	0	Northern Ireland Dept of Health, Social Services and Public Safety	GMPs in Northern Ireland	GMP	

LOCAL PATIENT IDENTIFIER

Change to Attribute: Changed Dataset

A number used to identify a [PATIENT](#) uniquely within a [Health Care Provider](#). It may be different from the [PATIENT](#)'s casenote number and may be assigned automatically by the computer system.

Where care for NHS patients is sub-commissioned in the independent sector or overseas, the NHS commissioner PAS Number should be used. If no NHS PAS Number has been assigned the independent sector or overseas PAS Number should be used.

MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE

Change to Attribute: Changed Dataset

A code which identifies the [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#).

Note that the National Code '*Informal*' is used for those [PATIENTS](#) who are neither formally detained nor receiving supervised aftercare.

Where applicable, [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) is aligned with descriptors for "Mental Health Act legal status findings" in [SNOMED CT](#)® as follows:

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Mental Health Act legal status findings
- [Subset](#) Original Id: 75081000000134
- [Refset](#) FSN: Mental Health Act legal status findings simple reference set
- [Refset](#) Id: 999003071000000100

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Mental Health Act legal status findings](#).

National Codes:

01	Informal
02	Formally detained under Mental Health Act Section 2
03	Formally detained under Mental Health Act Section 3
04	Formally detained under Mental Health Act Section 4
05	Formally detained under Mental Health Act Section 5(2)
06	Formally detained under Mental Health Act Section 5(4)
07	Formally detained under Mental Health Act Section 35
08	Formally detained under Mental Health Act Section 36
09	Formally detained under Mental Health Act Section 37 with section 41 restrictions
10	Formally detained under Mental Health Act Section 37
12	Formally detained under Mental Health Act Section 38
13	Formally detained under Mental Health Act Section 44
14	Formally detained under Mental Health Act Section 46
15	Formally detained under Mental Health Act Section 47 with section 49 restrictions
16	Formally detained under Mental Health Act Section 47

- 17 Formally detained under Mental Health Act Section 48 with section 49 restrictions
- 18 Formally detained under Mental Health Act Section 48
- 19 Formally detained under Mental Health Act Section 135
- 20 Formally detained under Mental Health Act Section 136
- 31 Formally detained under Criminal Procedure (Insanity) Act 1964 as amended by the Criminal Procedures (Insanity and Unfitness to Plead) Act 1991
- 32 Formally detained under other acts
- 33 Supervised Discharge (Mental Health (Patients in the Community) Act 1995) (Retired 03 November 2008 - but may apply to some patients until 3 May 2009)
- 34 Formally detained under Mental Health Act Section 45A (Retired 01 September 2014)
- 35 Subject to guardianship under Mental Health Act Section 7
- 36 Subject to guardianship under Mental Health Act Section 37
- 37 Formally detained under Mental Health Act Section 45A (Limited direction in force)
- 38 Formally detained under Mental Health Act Section 45A (Limitation direction ended)

NHS NUMBER

Change to Attribute: Changed Dataset

The [NHS NUMBER](#), the primary identifier of a [PERSON](#), is a unique identifier for a [PATIENT](#) within the NHS in England and Wales.

This will not vary by any [Organisation](#) of which a [PERSON](#) is a [PATIENT](#).

It is mandatory to record the [NHS NUMBER](#). There are exceptions, such as Accident and Emergency care, sexual health and major incidents, as defined in existing national policies.

The [NHS NUMBER](#) is 10 numeric digits in length. The tenth digit is a check digit used to confirm its validity. The check digit is validated using the Modulus 11 algorithm and the use of this algorithm is mandatory. There are 5 steps in the validation of the check digit:

Step 1 Multiply each of the first nine digits by a weighting factor as follows:

Digit Position

(starting from the left) Factor:

1	10
2	9
3	8
4	7
5	6
6	5
7	4
8	3
9	2

Step 2 Add the results of each multiplication together.

Step 3 Divide the total by 11 and establish the remainder.

Step 4 Subtract the remainder from 11 to give the check digit.

If the result is 11 then a check digit of 0 is used. If the result is 10 then the [NHS NUMBER](#) is invalid and not used.

Step 5 Check the remainder matches the check digit. If it does not, the [NHS NUMBER](#) is invalid.

Further guidance is available from the [NHS Digital](#) website at: [NHS Number](#).

Note:

This was [e-GIF](#) approved for use in NHS England.

[e-GIF](#) and the [Government Data Standards Catalogue](#) **have been archived** and are available for reference only.

NHS SERVICE AGREEMENT LINE NUMBER

Change to Attribute: Changed Dataset

A number (alphanumeric) to provide a unique identifier for a line within a [NHS SERVICE AGREEMENT](#).

NHS SERVICE AGREEMENT NUMBER

Change to Attribute: Changed Dataset

A number used to uniquely identify a [NHS SERVICE AGREEMENT](#) by an [Organisation](#) acting as commissioner of patient care services.

ORGANISATION CODE

Change to Attribute: Changed Dataset

[ORGANISATION CODE](#) will be replaced with [ORGANISATION IDENTIFIER](#), which is the most recent approved national information standard to describe the required definition.

An [ORGANISATION CODE](#) is a code which identifies an [Organisation](#) uniquely.

[ORGANISATION CODES](#) are managed by:

- [Organisation Data Service \(ODS\)](#)
- [NHS Prescription Services](#)
- [NHS Dental Services](#).

Notes:

- [Organisation Data Service](#) codes can be downloaded from [Technology Reference Data Update Distribution \(TRUD\)](#)
- [Organisation Data Service](#) contact details can be found at [Contact Details](#).

ORGANISATION CODING FRAMES

- All NHS [Organisations](#) are coded using coding frames, as shown in the tables below:

Character Position	1	2	3	4	5	6	7	8
Format	a/n	a/n	a/n	a/n	a/n	a/n	a/n	a/n
A Frame	Organisation Type Identifier	Organisation Identifier						
B Frame	Organisation Type Identifier			Organisation Identifier				
C Frame	Organisation Type Identifier	Organisation Identifier						
D Frame	Organisation Type Identifier	Organisation Identifier						
E Frame	Organisation Identifier							
F Frame	Organisation Type Identifier	Organisation Identifier						
G Frame	Organisation Type Identifier	Practice Identifier						

H Frame	Organisation Type Identifier	Organisation Identifier					
I Frame	Organisation Type Identifier	Organisation Identifier					
K Frame	Organisation Identifier						
L Frame	Organisation Type Identifier	Organisation Identifier	Organisation Type Identifier				
M Frame	Organisation and Organisation Type Identifier						
N Frame	Organisation Type Identifier	Organisation Identifier					

A Frame:

Example

Non NHS Organisation ([Independent Provider](#)) e.g. 8HA03

- 8 = Organisation Type Identifier
- Remainder = Organisation Identifier

B Frame:

Example

Local Service Provider e.g. LSP01

- LSP = Organisation Type Identifier
- 01 = Organisation Identifier

Also:

Application Service Provider
[Education Establishment](#)

e.g. YGM01
e.g. YDF01

C Frame:**Example**

[School](#) e.g. EE134290

- EE = Organisation Type Identifier
 - Remainder = Organisation Identifier
-

D Frame:**Example**

[Care Trust](#) e.g. TAK

- T = Organisation Type Identifier
- AK = Organisation Identifier

Also:

Commissioning Support Unit (CSU) /	e.g. 0AA
Data Services for Commissioners Regional Office (DSCRO)	
High Level Health Geography, e.g. NHS England (Region Local Office)	e.g. Q72
Local Health Board (Wales)	e.g. 7A1
NHS Trust	e.g. RH8
Justice Organisation	e.g. VAA

E Frame:**Example**

[Government Office Region \(GOR\)](#) e.g. K

- K = Organisation Identifier

Note: [Government Office Region \(GOR\)](#) is identified by a one character code; no other one character code exists.

F Frame:**Example**

[Pharmacy](#) Headquarters e.g. P001

- P = Organisation Type Identifier
- 001 = Organisation Identifier

Also:

Care Home Headquarters	e.g. CA0A
Optical Headquarters	e.g. T1A1

G Frame:

Example

[GP Practices](#) in England and Wales e.g. Y00001

- Y = Organisation Type Identifier
- 00001 = Practice Identifier

Also:

[Dental Practice](#)

e.g. V20052

H Frame:

Example

Cancer Network e.g. N01

- N0 (where the 2nd character is numeric and not alpha) = Organisation Type Identifier
- 1 = Organisation Identifier

Also:

Booking Management System (BMS) Call Centre Establishment

e.g. YF1

Government Department

e.g. XDA

[Independent Sector Healthcare Provider \(ISHP\)](#) (where the 2nd character is alpha)

e.g. NV7

National Application Service Provider

e.g. YEA

[Other Statutory Authority \(OSA\)](#)

e.g. X16

I Frame:

Example

[Special Health Authority \(SpHA\)](#) e.g. T1150

- T1 = Organisation Type Identifier
 - 150 = Organisation Identifier
-

K Frame:

Example

[NHS Wales Informatics Service](#) e.g. W00

- W00 = Organisation Identifier
-

L Frame:

Example

[Northern Ireland Local Commissioning Group](#) e.g. ZC010

- Characters 1-3 (ZC0) AND character 5 (0) = Organisation Type Identifier

- Character 4 = Organisation Identifier

Note: this is a 5 character method of displaying [Northern Ireland Local Commissioning Group](#) identifiers. Characters 3 and 5 are 'fillers'. If a 3 character code is required (as used by the [Office for National Statistics](#) in the [NHS Postcode Directory](#)) zeros can be omitted, e.g. ZC1.

The 3 character method of displaying the [Northern Ireland Local Commissioning Group](#) identifiers fit under the H Frame.

Guidance on the use of Northern Ireland codes can be found in [Data Set Change Notice 19/2009](#).

M Frame:

Example

[Clinical Commissioning Group \(CCG\)](#) e.g. 12A

- 12A = Organisation and Organisation Type Identifier

Also:

[Local Authority](#)

e.g.000

N Frame:

Example

GP Abeyance and Dispersal [GP Practice](#) e.g. G7817414

- G78 = Organisation Type Identifier
- 17414 = Organisation Identifier

The structure and format of [ORGANISATION CODES](#) maintained by the [Organisation Data Service](#), [NHS Prescription Services](#), [NHS Dental Services](#) and other agencies are detailed in the tables below.

ORGANISATION CODES TABLES

Table 1: CODING FORMATS FOR ORGANISATIONS IN ENGLAND AND WALES

Organisation Type	Frame Type	Character Position								Code allocated by:	Notes/Comments
	See Coding Frames Table	1	2	3	4	5	6	7	8		
Application Service Provider	B	Y	G	M	A-9	A-9				ODS	E.g. YGM01

Booking Management System (BMS) Call Centre Establishment	H	Y	F	A-9						ODS	E.g. YF1
Cancer Network	H	N	0-9	A-9						ODS	E.g. N01
Cancer Registry	A	Y	0-9	0-9	0-9	0-9				ODS	E.g. Y0401 All Cancer Registries in England are now part of the National Cancer Registration and Analysis Service
Care Home Headquarters	F	A, C or D	A-9	A-9	A-9					ODS	E.g. CA0A
Care Trust (CT)	D	T	A-Y	A-Y						ODS	E.g. TAK
Clinical Commissioning Group (CCG)	M	0-9	0-9	A-Y						ODS	E.g. 12A
Clinical Network	B	Y	D	G	A-9	A-9				ODS	E.g. YDG01
Commissioning Support Unit (CSU) / Data Services for Commissioners Regional Office (DSCRO)	D	0	A-Y	A-Y						ODS	E.g. 0AA

Dental Practice - England and Wales	G	V	0-9	0-9	0-9	0-9	0-9			NHS Dental Services	E.g. V20052
Education Establishment	B	Y	D	F	A-9	A-9				ODS	E.g. YDF01
Executive Agency	N/A See Note 1	X	0-9	0-9						ODS	E.g. X09
Executive Agency Programme	N/A See Note 1	X	0-9	0-9	0-9	0-9	0-9			ODS	First three characters denote Executive Agency E.g. X09001
Government Department	H	X	A-Y	A-Y						ODS	E.g. XDA
Government Office Region (GOR)	E	A-Y								ONS	E.g. K Government Office Regions (GORs) closed 31 March 2011 - from 1 April 2011 referred to as Regions
GP Abeyance and Dispersal GP Practice	N	G	7	8	0-9	0-9	0-9	0-9	0-9	ODS	E.g. G7817414
GP Practices in England and Wales	G	A-H, J-N, P,	0-9	0-9	0-9	0-9	0-9			NHS Prescription Services	Char 1 = W for Welsh GP Practice .

		W & Y									All other values represent GP Practices in England. Note: from 2003, ALL newly allocated Practice Codes in England begin with a Y E.g. Y00001
Justice Organisation	D	V or W	A-Y	A-9						ODS	E.g. VAA
High Level Health Geography, e.g. NHS England (Region Local Office)	D	Q	A-9	A-9						ODS	E.g. Q72
Independent Sector Healthcare Provider (ISHP)	H	A, B, D, G, I, K, L, M, N, O, S, U, V, W	A-Y	A-Y, 0-9						ODS	E.g. NV7
Local Authority (LA)	M	0-9	0-9	0-9						ODS	E.g. 000

Local Health Board (Wales)	B	7	A-9	A-9					ODS	E.g. 7A1
Local Service Provider (LSP)	B	L	S	P	0-9	0-9			ODS	E.g. LSP01
Military Hospital	B	X	M	D	A-9	A-9			ODS	E.g.XMDA1
National Application Service Provider	H	Y	E	A-9					ODS	E.g. YEA
National Groupings (England)	H	Y	5	0-9					ODS	E.g. Y51
NHS Support Agency	B	Y	D	D	A-9	A-9			ODS	E.g. YDD01
NHS Trust	D	R	A-9	A-9					ODS	E.g. RH8
NHS Wales Informatics Service (NWIS)	K	W	0	0					ODS	Only one organisation of this type exists for Wales E.g. W00
Non NHS Organisation (Independent Provider)	A	8	A-Y	A-9	0-9	0-9			ODS	E.g. 8HA03
Northern Ireland Health & Social Care Board	N/A	Z	B	0	0	1			ODS	E.g. ZB001

Northern Ireland Health & Social Care Trust	I	Z	T	0-9	0-9	0-9				ODS	E.g. ZT001
Northern Ireland Local Commissioning Group	L	Z	C	0	0-9	0				Department for Health, Social Services and Public Safety (DHSSPS), Northern Ireland	E.g. ZC010 Note that characters 3 and 5 are 'fillers' to create a 5 character code. If a 3 character code is required (as used by the Office for National Statistics in the NHS Postcode Directory), zeros can be omitted and fits under the H frame: E.g. ZC1. <i>Guidance on the use of Northern Ireland codes can be found in Data Set Change Notice 19/2009.</i>
Optical Headquarters	F	T	0-9	A-9	A-9					ODS	E.g. T1A1
Other Statutory Authority (OSA)	H	X	0-9	0-9						ODS	E.g. X16
Pharmacy	A	F	A-Y	A-9	A-9	A-9				ODS	E.g. FA002
Pharmacy Headquarters	F	P	A-9	A-9	A-9					ODS	E.g. P001

Primary Care Trust (PCT)	D	5	A-9	A-9						ODS	E.g. 5CT All Primary Care Trusts closed 31 March 2013
Prison Health Service	B	Y	D	E	A-9	A-9				ODS	E.g. YDE01
School	C	E	E	A-9	A-9	A-9	A-9	A-9	A-9	Department for Education and ODS	E.g. EE134290
Special Health Authority (SpHA)	I	T	1	0-9	0-9	0				ODS	E.g. T1150
Strategic Health Authority (SHA)	D	Q	A-9	A-9						ODS	E.g. Q30 All Strategic Health Authorities in England closed 31 March 2013
Welsh Assembly	D	W	0-9	0-9						ODS	E.g. W01
Welsh Health Commission	A	W	0-9	0-9	A-Y	A-Y				ODS	E.g. W01HC

Notes:

- Codes for Executive Agency, Executive Agency Programme, Executive Agency Site and Executive Agency Programme Department do not easily fit into the coding frames as shown above and are therefore not included. This is due to their unusual structure in that there are more hierarchical 'tiers' than with other organisations.

Executive Agency and Executive Agency Programme are both considered Organisation level entities, although each Programme does have a relationship to an Executive Agency.

Executive Agency codes are three characters long. Executive Agency Programme codes are six, and their first three characters are the same as the Executive Agency they are associated to.

Department codes of eight characters long can then be allocated underneath a Programme code (sharing the first six characters). Executive Agency Site codes of five characters long can be allocated under an Executive Agency code (and share the first three characters).

- A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity). This applies to all [ORGANISATION CODES](#) in the Coding Format Table above except [Independent Sector Healthcare Providers \(ISHP\)](#).

Table 2: CODING FORMATS FOR ORGANISATIONS IN SCOTLAND

Scottish [ORGANISATION CODES](#) are supplied by the Information Standards Directorate (ISD) from NHS Scotland and published by the [Organisation Data Service](#).

Organisation Type	Character Position						Code allocated by:	Notes/Comments
	1	2	3	4	5	6		
GP Practice - Scotland	S	0-9	0-9	0-9	0-9	0-9	NHS	
Scottish GP Fundholder	S	A-Z	B	0-9	0-9		ISD, Scotland	2nd character identifies the Health Board the GPFH reports to. 3rd character (always B) shows GPFH status.
Scottish Health Agency	S	D	0-9	0-9	0-9		ISD, Scotland	2nd character (D) identifies Scottish Office agencies
Scottish Health Board	S	A-Z	9	9	9		ISD, Scotland	
Scottish Provider	S	A-Z	A,C,D	0-9	0-9		ISD, Scotland	2nd character identifies the

								Health Board the organisation reports to. 3rd character identifies the organisation type: A= Health Unit C = Hospital Trust D = Nursing Home
--	--	--	--	--	--	--	--	--

Table 3: CODING FORMATS for ORGANISATIONS in OTHER HOME COUNTRIES

Organisation Type	Character Position						Code allocated by:	Notes/Comments
	1	2	3	4	5	6		
GP Practice - Alderney	A	L	D	0-9	0-9	0-9	NHS Prescription Services	
GP Practice - Guernsey	G	U	E	0-9	0-9	0-9	NHS Prescription Services	
GP Practice - Isle of Man (IOM)	Y	0-9	0-9	0-9	0-9	0-9	NHS Prescription Services	
GP Practice - Jersey	J	E	R	0-9	0-9	0-9	NHS Prescription Services	
Primary Healthcare Directorate (Isle of Man)	Y	K	A-9				ODS	E.g. YK1

Note: A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity).

ORGANISATION IDENTIFIER

Change to Attribute: Changed Dataset

A unique identifier for an [ORGANISATION](#).

Note:

- [ORGANISATION IDENTIFIERS](#) are governed by the fundamental standard for "Health and Social Care Organisation Reference Data" (HSC Org Ref Data).
- The standard only relates to [ORGANISATION IDENTIFIERS](#) which are maintained and published by the [Organisation Data Service \(ODS\)](#). See [Health and Social Care Organisation Reference Data](#).

The Format/Length of a published code for an:

- [Organisation](#) is min an3 max an8
- [Organisation Site](#) is min an5 max an9.

[ORGANISATION CODE](#) will be replaced with [ORGANISATION IDENTIFIER](#), which is the most recent approved national information standard to describe the required definition.

OVERSEAS VISITOR CHARGING CATEGORY

Change to Attribute: Changed Dataset

The charging category relating to an [OVERSEAS VISITOR STATUS](#).

See [Overseas Visitor Charging Category](#) for more information.

National Codes:

- A Standard NHS-funded [PATIENT](#)
- B Immigration Health Surcharge payee
- C Charge-exempt [Overseas Visitor \(European Economic Area\)](#)
- D Chargeable [European Economic Area PATIENT](#)
- E Charge-exempt [Overseas Visitor \(non-European Economic Area\)](#)
- F Chargeable non-[European Economic Area PATIENT](#)
- P Decision Pending on [OVERSEAS VISITOR CHARGING CATEGORY](#) *

[OVERSEAS VISITOR STATUS](#) information must be collected in accordance with the [Overseas Visitor Charging Category Information Standard: DCB3017](#).

* Note: National Code P 'Decision Pending on [OVERSEAS VISITOR CHARGING CATEGORY](#)' is **NOT** valid for [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set](#).

PATIENT JOURNEY NUMBER

Change to Attribute: Changed Dataset

An identifier for each [PATIENT TRANSPORT JOURNEY](#).

PATIENT PATHWAY IDENTIFIER

Change to Attribute: Changed Dataset

An identifier, which together with the [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) of the issuer, uniquely identifies a [PATIENT PATHWAY](#).

This is a specific type of the attribute [ACTIVITY IDENTIFIER](#).

Where a pathway is initiated by a [SERVICE REQUEST](#) using the [Choose and Book](#) system, the [PATIENT PATHWAY](#) will be uniquely identified by the Unique Booking Reference Number (UBRN) of the first referral and the [ORGANISATION CODE](#) of [Choose and Book](#) which is X09.

Where the pathway is initiated by some other method, the [PATIENT PATHWAY IDENTIFIER](#) will be allocated by the [Organisation](#) receiving the [SERVICE REQUEST](#) which together with that [Organisation](#)'s [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) will uniquely identify the [PATIENT PATHWAY](#).

PERSON BIRTH DATE

Change to Attribute: Changed Dataset

The date on which a [PERSON](#) was born or is officially deemed to have been born.

Note:

This was [e-GIF](#) approved for use in NHS England.

[e-GIF](#) and the [Government Data Standards Catalogue](#) **have been archived** and are available for reference only.

PERSON OBSERVATION TEXT STRING

Change to Attribute: Changed Dataset

A free text string to record a [PERSON PROPERTY](#).

PERSON PROPERTY EFFECTIVE END DATE

Change to Attribute: Changed Dataset

The [DATE](#) when a [PERSON PROPERTY](#) is no longer applicable to the [PATIENT](#).

PERSON PROPERTY EFFECTIVE END TIME

Change to Attribute: Changed Dataset

The [TIME](#) when a [PERSON PROPERTY](#) is no longer applicable to the [PATIENT](#).

PERSON PROPERTY EFFECTIVE START DATE

Change to Attribute: Changed Dataset

The [DATE](#) when a [PERSON PROPERTY](#) became effective for a [PATIENT](#).

Examples may be the [DATE](#) when the [PATIENT](#) experienced a symptom or gave up smoking.

PERSON PROPERTY EFFECTIVE START TIME

Change to Attribute: Changed Dataset

The [TIME](#) when a [PERSON PROPERTY](#) became effective for a [PATIENT](#).

PERSON STATED GENDER CODE

Change to Attribute: Changed Dataset

The gender of a [PERSON](#).

[PERSON STATED GENDER CODE](#) is self declared or inferred by observation for those unable to declare their [PERSON STATED GENDER](#).

National Codes:

- 1 Male
- 2 Female
- 9 Indeterminate (unable to be classified as either male or female)

[PERSON GENDER CODE](#) will be replaced with [PERSON STATED GENDER CODE](#) or [PERSON PHENOTYPIC SEX CLASSIFICATION](#), which is the most recent approved national information standard to describe the required definition.

POSTCODE

Change to Attribute: Changed Dataset

The code assigned by Royal Mail to identify postal delivery areas across the United Kingdom.

[POSTCODES](#) may also be used to identify a [GEOGRAPHIC AREA](#).

Note:

This was [e-GIF](#) approved for use in NHS England.

[e-GIF](#) and the [Government Data Standards Catalogue](#) have been archived and are available for reference only.

PROFESSIONAL REGISTRATION BODY CODE

Change to Attribute: Changed Dataset

A code which identifies the [PROFESSIONAL REGISTRATION BODY](#).

National Codes:

- 01 [General Chiropractic Council](#)
- 02 [General Dental Council](#)
- 03 [General Medical Council](#)
- 04 [General Optical Council](#)
- 05 Care Council for Wales
- 06 Scottish Social Services Council (Retired 01 April 2013)
- 07 General Social Care Council (for England) (Retired 01 August 2012)
- 08 [Health and Care Professions Council](#)
- 09 [Nursing and Midwifery Council](#)
- 10 Royal Pharmaceutical Society (Retired 27 September 2010)
- 11 British Psychological Society (Retired 01 October 2017)
- 12 Association for Operating Department Practitioners (Retired January 2015)
- 13 Association of Chartered Certified Accountants (Retired 01 October 2017)
- 14 Chartered Institute of Personnel and Development (Retired 01 October 2017)
- 15 Chartered Institute of Management Accountants (Retired 01 October 2017)
- 16 [General Pharmaceutical Council](#)
- 17 [General Osteopathic Council](#) *

* Note: National Code 17 is not valid for use in the [Community Services Data Set](#) and [Mental Health Services Data Set](#).

PROFESSIONAL REGISTRATION ENTRY IDENTIFIER

Change to Attribute: Changed Dataset

The registration identifier allocated by an [Organisation](#).

Examples include:

- [GENERAL DENTAL COUNCIL REGISTRATION NUMBER](#)
- [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#).

REFERRAL TO TREATMENT PERIOD END DATE

Change to Attribute: Changed Dataset

The end date of a [REFERRAL TO TREATMENT PERIOD](#).

This is a specific type of the attribute [ACTIVITY DATE](#).

[REFERRAL TO TREATMENT PERIOD END DATE](#) will be one of the following:

- the [ACTIVITY DATE](#):
 - when the [PATIENT](#) is admitted for [First Definitive Treatment](#). If the start of a [PATIENT](#)'s treatment is cancelled (by the [Health Care Provider](#) or [PATIENT](#)) after admission, the [REFERRAL TO TREATMENT PERIOD](#) will continue.
 - for [First Definitive Treatment](#) undertaken in an outpatient setting.
 - for [First Definitive Treatment](#) undertaken by an [NHS Allied Health Professional Service \(Referral To Treatment Measurement\)](#).
 - when the decision not to treat is made, with no further action at this time communicated to the [PATIENT](#). This will include [Discharge After Patient Did Not Attend](#) and discharge back to primary care for treatment.
 - when the [PATIENT](#) declines offered treatment.
 - when the [PATIENT](#) did not attend for the first [ACTIVITY](#) during a [REFERRAL TO TREATMENT PERIOD](#). See [REFERRAL TO TREATMENT PERIOD](#) for guidance on [PATIENTS](#) who do not attend.
 - the clinical decision is made (and agreed with the [PATIENT](#)) that [Active Monitoring](#) will begin. If a [PATIENT](#) subsequently requires further treatment this decision would start a new [REFERRAL TO TREATMENT PERIOD](#) as part of the same [PATIENT PATHWAY](#). This includes any treatment that is planned for a specific date in the future as ongoing monitoring.
 - a clinical decision is made and has been communicated to the [PATIENT](#), and subsequently their [GENERAL PRACTITIONER](#) and/or other referring [CARE PROFESSIONAL](#) without undue delay, to add the [PATIENT](#) to a transplant list.

or

- the [PERSON DEATH DATE](#).

In the event that a [PATIENT](#) is booked into the wrong clinic and needs to be re-referred to the right one, this will not end the [REFERRAL TO TREATMENT PERIOD](#) or restart it. The start of the [REFERRAL TO TREATMENT PERIOD](#) is still the original [REFERRAL REQUEST RECEIVED DATE](#).

REFERRAL TO TREATMENT PERIOD START DATE

Change to Attribute: Changed Dataset

The start date of a [REFERRAL TO TREATMENT PERIOD](#).

This is a specific type of the attribute [ACTIVITY DATE](#).

A [REFERRAL TO TREATMENT PERIOD START DATE](#) will be one of the following:

- **Initial Referral:**
 - the [REFERRAL REQUEST RECEIVED DATE](#) of a [SERVICE REQUEST](#) for a particular condition.
 - This will include a [PATIENT](#) being re-referred in to a [Consultant Led Service](#) or an [Interface Service](#) or an [NHS Allied Health Professional Service \(Referral To Treatment Measurement\)](#) as a new referral including after a [Discharge After Patient Did Not Attend](#). The [REFERRAL TO TREATMENT PERIOD STATUS](#) is 'National Code 10 - first activity'
- **Following an [APPOINTMENT](#) that the [PATIENT](#) did not attend:**

- the [APPOINTMENT ACCEPTED DATE](#) (or the [INVITATION OFFER DATE SENT](#) of the first [APPOINTMENT OFFER](#) where the [APPOINTMENT OFFER](#) is sent) for the first [APPOINTMENT](#) following the [PATIENT](#) not attending an [APPOINTMENT](#) or elective admission. See [REFERRAL TO TREATMENT PERIOD](#) and [Discharge After Patient Did Not Attend](#) for guidance on [PATIENTS](#) who do not attend
- The [APPOINTMENT DATE](#) of the [APPOINTMENT](#) that the [PATIENT](#) did not attend should be used where it is not possible to identify the [APPOINTMENT ACCEPTED DATE](#) or the [INVITATION OFFER DATE SENT](#). The [REFERRAL TO TREATMENT PERIOD STATUS](#) is 'National Code 10 - first activity'
- **Following active monitoring:**
 - the [ACTIVITY DATE](#) of a [CARE ACTIVITY](#) when a decision to treat was made following [Active Monitoring](#) and the [REFERRAL TO TREATMENT PERIOD STATUS](#) is 'National Code 11 - active monitoring end'
 - This will include a decision to start a substantively new or different treatment that does not already form part of that [PATIENT](#)'s agreed [CARE PLAN](#).
- **On identifying a separate condition:**
 - the [REFERRAL REQUEST RECEIVED DATE](#) of a [SERVICE REQUEST](#) when a decision has been made to refer the [PATIENT](#) directly to a [Consultant Led Service](#) or an [NHS Allied Health Professional Service \(Referral To Treatment Measurement\)](#) for a separate condition (the [REFERRAL TO TREATMENT PERIOD STATUS](#) for the first [CARE ACTIVITY](#) with the new [CONSULTANT](#) or [NHS Allied Health Professional Service \(Referral To Treatment Measurement\)](#) is 'National Code 12 - consultant or NHS Allied Health Professional Service (Referral To Treatment) referral').

Referral To Treatment Consultant Led Waiting Times:

For most [PATIENTS](#), the start of the [REFERRAL TO TREATMENT PERIOD](#) begins with a [SERVICE REQUEST](#) from a [GENERAL MEDICAL PRACTITIONER](#) to a [CONSULTANT](#).

[SERVICE REQUESTS](#) to [CONSULTANTS](#) who provide care [SERVICES](#) in community settings also start [REFERRAL TO TREATMENT PERIODS](#) and the [REFERRAL REQUEST RECEIVED DATE](#) will be the start of the [REFERRAL TO TREATMENT PERIOD](#).

A [REFERRAL TO TREATMENT PERIOD](#) may also start from [SERVICE REQUESTS](#) to [CONSULTANTS](#) from [GENERAL DENTAL PRACTITIONERS](#), [Practitioners with Special Interests](#), [OPTOMETRISTS](#) and [Orthoptists](#), National [Screening Programmes](#), Specialist [NURSES](#), other [CARE PROFESSIONALS](#) where commissioning [Organisations](#) have approved these mechanisms locally.

An 18-week clock also starts upon a self referral by a [PATIENT](#) to the above services, where these pathways have been agreed locally by commissioners and providers and once the referral is ratified by a [CARE PROFESSIONAL](#).

A [REFERRAL TO TREATMENT PERIOD](#) will also start where [PATIENTS](#) are transferred to an elective [Consultant Led Service](#) through [SERVICE REQUESTS](#) from [Accident and Emergency Departments](#) including Minor injuries units and Walk In Centres.

Allied Health Professional Referral To Treatment Measurement:

Further guidance relating to the Allied Health Professional Referral To Treatment can be found on the [Department of Health and Social Care](#) part of the gov.uk website at: [Allied health professional referral to treatment revised guide](#).

REFERRAL TO TREATMENT PERIOD STATUS

Change to Attribute: Changed Dataset

The status of an [ACTIVITY](#) (or anticipated [ACTIVITY](#)) for the [REFERRAL TO TREATMENT PERIOD](#) decided by the lead [CARE PROFESSIONAL](#).

National Codes:

- The first [ACTIVITY](#) in a [REFERRAL TO TREATMENT PERIOD](#) where the [First Definitive Treatment](#) will be a subsequent [ACTIVITY](#)**
- 10 first [ACTIVITY](#) - first [ACTIVITY](#) in a [REFERRAL TO TREATMENT PERIOD](#)
 - 11 [Active Monitoring](#) end - first [ACTIVITY](#) at the start of a new [REFERRAL TO TREATMENT PERIOD](#) following [Active Monitoring](#)
 - 12 [CONSULTANT](#) or [NHS Allied Health Professional Service \(Referral To Treatment Measurement\)](#) referral - the first [ACTIVITY](#) at the start of a new [REFERRAL TO TREATMENT PERIOD](#) following a decision to refer directly to the [CONSULTANT](#) or [NHS Allied Health Professional Service \(Referral To Treatment Measurement\)](#) for a separate condition
- Subsequent [ACTIVITY](#) during a [REFERRAL TO TREATMENT PERIOD](#)**
- 20 subsequent [ACTIVITY](#) during a [REFERRAL TO TREATMENT PERIOD](#) - further [ACTIVITIES](#) anticipated
 - 21 transfer to another [Health Care Provider](#) - subsequent [ACTIVITY](#) by another [Health Care Provider](#) during a [REFERRAL TO TREATMENT PERIOD](#) anticipated
- [ACTIVITY](#) that ends the [REFERRAL TO TREATMENT PERIOD](#)**
- 30 Start of [First Definitive Treatment](#)
 - 31 start of [Active Monitoring](#) initiated by the [PATIENT](#)
 - 32 start of [Active Monitoring](#) initiated by the [CARE PROFESSIONAL](#)
 - 33 Did not attend - the [PATIENT](#) did not attend the first [CARE ACTIVITY](#) after the referral¹
 - 34 decision not to treat - decision not to treat made or no further contact required²
 - 35 [PATIENT](#) declined offered treatment
 - 36 [PATIENT](#) died before treatment
- [ACTIVITY](#) that is not part of a [REFERRAL TO TREATMENT PERIOD](#)**
- 90 after treatment - [First Definitive Treatment](#) occurred previously (e.g. admitted as an emergency from A&E or the [ACTIVITY](#) is after the start of treatment)
 - 91 [Active Monitoring](#) - [CARE ACTIVITY](#) during [Active Monitoring](#)
 - 92 not yet referred - not yet referred for treatment, undergoing diagnostic tests by [GENERAL PRACTITIONER](#) before referral
 - 98 not applicable - [ACTIVITY](#) not applicable to [REFERRAL TO TREATMENT PERIODS](#)
- [ACTIVITY](#) where the [REFERRAL TO TREATMENT PERIOD STATUS](#) is not yet known**
- 99 not yet known

Where the [REFERRAL TO TREATMENT PERIOD STATUS](#) is National Code 99 - "not yet known" the status is treated as if the [ACTIVITY](#) is a subsequent [ACTIVITY](#) during a [REFERRAL TO TREATMENT PERIOD](#). In this case the [REFERRAL TO TREATMENT PERIOD STATUS](#) should be corrected once it is possible to determine the correct value.

¹ **PATIENTS who do not attend an appointment**

National code 33 - "Did not attend - the PATIENT did not attend the first CARE ACTIVITY after the referral" may only be used where

- the PATIENT did not attend their first APPOINTMENT following the REFERRAL REQUEST that started the REFERRAL TO TREATMENT PERIOD, provided that the Health Care Provider can demonstrate that the APPOINTMENT was clearly communicated to the PATIENT.

REFERRAL TO TREATMENT PERIODS with REFERRAL TO TREATMENT PERIOD STATUS of National code 33 are excluded from the measurement of the 18 weeks Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement and the count of Allied Health Professional Referral To Treatment Measurement REFERRAL TO TREATMENT PERIODS

² **Decision not to treat**

National Code 34 - "decision not to treat - decision not to treat made or no further contact required" includes

- a Discharge After Patient Did Not Attend the second or a subsequent CARE ACTIVITY after the referral.
- a change resulting in care no longer being commissioned by the English NHS.
- a referral to a Consultant Led Service during a Referral To Treatment Period Excluded From Target for the same condition, disease or injury. A new REFERRAL TO TREATMENT PERIOD will start.

TREATMENT FUNCTION CODE

Change to Attribute: Changed Dataset

TREATMENT FUNCTION CODE is a unique identifier for a TREATMENT FUNCTION.

TREATMENT FUNCTION CODE is recorded to report the specialised service within which the PATIENT is treated.

It is based on MAIN SPECIALTY but also includes approved sub-specialties and treatment specialties used by lead CARE PROFESSIONALS including CONSULTANTS.

TREATMENT FUNCTION, rather than the Royal College or Faculty specialty, is required on most activity returns and in the Commissioning Data Sets.

TREATMENT FUNCTION CODES should be used for all aggregate Central Returns unless otherwise stated eg National Workforce Data Set uses MAIN SPECIALTY CODES.

GENERAL MEDICAL PRACTITIONER, NURSE and Allied Health Professional/ Biomedical Scientist/ Clinical Scientist ACTIVITY should be recorded against the TREATMENT FUNCTION under which the PATIENT is treated.

Joint Consultant Clinic ACTIVITY should be recorded against the TREATMENT FUNCTION which best describes the specialised service.

Assigning a Treatment Function Code:

- Assigning a [TREATMENT FUNCTION CODE](#) for a [SERVICE](#) is a decision which must be made locally. For national reporting purposes, only the [TREATMENT FUNCTION CODES](#) listed in the table below must be used.
- Recording of activity according to [TREATMENT FUNCTION CODES](#) is not on the basis of the procedure carried out, but should be allocated according to whether a specialised [SERVICE](#) exists within the [Health Care Provider](#) for that [TREATMENT FUNCTION CODE](#), such as a [CLINIC OR FACILITY](#).
- [TREATMENT FUNCTION CODES](#) have not been mapped to procedures or [MAIN SPECIALTY](#).
- [TREATMENT FUNCTION CODE](#) should be assigned irrespective of the type of [CARE PROFESSIONAL](#) responsible. This is also applicable where the name of the [TREATMENT FUNCTION CODE](#) suggests it is limited for use by a particular Healthcare Profession.
- A change in [TREATMENT FUNCTION CODE](#), but no change in responsible [CARE PROFESSIONAL](#), does not initiate a new episode of care. For the [Commissioning Data Sets](#), the [ACTIVITY TREATMENT FUNCTION CODE](#) reported should be that which is recorded at the [CDS ACTIVITY DATE](#).

For further information, contact [NHS Digital](#) by email at: enquiries@nhsdigital.nhs.uk with the subject "Main Specialty and Treatment Function Codes".

National Codes:

Code	Treatment Function Title	Comments
Surgical Specialties		
100	GENERAL SURGERY	Includes sub-categories not elsewhere listed e.g. endocrine surgery
101	UROLOGY	Surgical treatment of disorders of the urinary system and male reproductive system
102	TRANSPLANTATION SURGERY	Includes pre- and post-operative care for major organ transplants except heart and lung (see Cardiothoracic Transplantation). Excludes corneal grafts
103	BREAST SURGERY	Includes treatment for cancer, suspected neoplasms, cysts and post-cancer reconstructive surgery. Excludes cosmetic surgery
104	COLORECTAL SURGERY	Surgical treatment of disorders of the lower intestine (colon, anus and rectum)
105	HEPATOBIILIARY & PANCREATIC SURGERY	Includes liver surgery, but liver transplantation should be recorded in 102 Transplantation Surgery
106	UPPER GASTROINTESTINAL SURGERY	Surgical treatment of disorders of the upper parts of the gastrointestinal tract
107	VASCULAR SURGERY	Surgical treatment of diseases of the vascular system
108	SPINAL SURGERY SERVICE	Surgery concentrating on specialised and complex treatment of the back and spine. The SERVICE has a significantly different composition and profile from the SERVICE provided in TREATMENT FUNCTION CODE - 110 Trauma & Orthopaedic. Excludes Spinal Injuries - see TREATMENT FUNCTION CODE 323
110	TRAUMA & ORTHOPAEDICS	Surgery to treat injuries, congenital and acquired disorders of the bones, joints, and their associated soft tissues, including ligaments, nerves and muscles. Excludes Spinal Surgery Service - see TREATMENT FUNCTION CODE 108

120	ENT	Ear, nose and throat
130	OPHTHALMOLOGY	The surgical treatment of disorders and diseases of the eye. Excludes Medical Ophthalmology - see TREATMENT FUNCTION CODE 460
140	ORAL SURGERY	The diagnosis and surgical treatment of diseases, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws and neck
141	RESTORATIVE DENTISTRY	Endodontics, Periodontics and Prosthodontics are all part of Restorative Dentistry
142	PAEDIATRIC DENTISTRY	Dentistry SERVICES dedicated to children with appropriate facilities and support staff
143	ORTHODONTICS	The treatment of malocclusions (improper bites). Orthodontic treatment can focus on dental displacement only, or can deal with the control and modification of facial growth
144	MAXILLO-FACIAL SURGERY	Mouth, jaw and face related surgery
150	NEUROSURGERY	The prevention, diagnosis, treatment, and rehabilitation of disorders which affect any portion of the nervous system including the brain, spinal cord, peripheral nerves, and extra-cranial cerebrovascular system
160	PLASTIC SURGERY	SERVICES to correct or restore form and function. In addition to cosmetic or aesthetic surgery, plastic surgery includes many types of reconstructive surgery, and the treatment of burns
161	BURNS CARE	To be used by recognised specialist units and associated outreach SERVICES only
170	CARDIOTHORACIC SURGERY	Should only be used where there are no separate SERVICES for Cardiac Surgery and Thoracic Surgery
171	PAEDIATRIC SURGERY	This is paediatric general surgery
172	CARDIAC SURGERY	Surgical treatment of the heart or great vessels
173	THORACIC SURGERY	Surgical treatment of diseases affecting organs inside the thorax (the chest). Generally treatment of conditions of the lungs, chest wall, and diaphragm
174	CARDIOTHORACIC TRANSPLANTATION	To be used by recognised specialist units and associated outreach services only. Includes pre- and post-operative services
180	ACCIDENT & EMERGENCY	SERVICES to care for PATIENTS with urgent problems delivered as part of an Accident and Emergency Attendance or admission at an Accident and Emergency Department
191	PAIN MANAGEMENT	Complex pain disorders requiring diagnosis and treatment by a specialist multi-professional team
<p>Other Children's Specialist Services - The Paediatric TREATMENT FUNCTION CODES represent CLINICS OR FACILITIES intended to provide dedicated SERVICES to children with appropriate facilities and support staff, i.e. they are designed for children only. If a CLINIC OR FACILITY provides this but also treats adult PATIENTS as part of the SERVICE then a Paediatric TREATMENT FUNCTION CODE may not be appropriate. The age of the PATIENT attending does not initiate a change to the TREATMENT FUNCTION CODE for the ACTIVITY.</p>		
211	PAEDIATRIC UROLOGY	

		Surgical treatment of disorders of the urinary system and male reproductive system
212	PAEDIATRIC TRANSPLANTATION SURGERY	Includes pre- and post-operative care for major organ transplants except heart and lung (see Cardiothoracic Transplantation). Excludes corneal grafts
213	PAEDIATRIC GASTROINTESTINAL SURGERY	Surgical treatment of disorders of the gastrointestinal tract
214	PAEDIATRIC TRAUMA AND ORTHOPAEDICS	Surgery to treat injuries, congenital and acquired disorders of the bones, joints, and their associated soft tissues, including ligaments, nerves and muscles. Excludes Spinal Surgery Service - see TREATMENT FUNCTION CODE 108
215	PAEDIATRIC EAR NOSE AND THROAT	Ear, nose and throat
216	PAEDIATRIC OPHTHALMOLOGY	The surgical treatment of disorders and diseases of the eye.
217	PAEDIATRIC MAXILLO-FACIAL SURGERY	Mouth, jaw and face related surgery
218	PAEDIATRIC NEUROSURGERY	The prevention, diagnosis, treatment, and rehabilitation of disorders which affect any portion of the nervous system including the brain, spinal cord, peripheral nerves, and extra-cranial cerebrovascular system
219	PAEDIATRIC PLASTIC SURGERY	SERVICES to correct or restore form and function. In addition to cosmetic or aesthetic surgery, plastic surgery includes many types of reconstructive surgery, and the treatment of burns
220	PAEDIATRIC BURNS CARE	To be used by recognised specialist units and associated outreach SERVICES only
221	PAEDIATRIC CARDIAC SURGERY	Surgical treatment of the heart or great vessels
222	PAEDIATRIC THORACIC SURGERY	Surgical treatment of diseases affecting organs inside the thorax (the chest). Generally treatment of conditions of the lungs, chest wall, and diaphragm
223	PAEDIATRIC EPILEPSY	Designated clinic which provides SERVICES to children led by CONSULTANT paediatrician with expertise in epilepsy supported by specialist staff
241	PAEDIATRIC PAIN MANAGEMENT	Complex pain disorders requiring diagnosis and treatment by a specialist multi-professional team
242	PAEDIATRIC INTENSIVE CARE	Only to be used by designated Paediatric Intensive Care Units
251	PAEDIATRIC GASTROENTEROLOGY	The treatment of disorders of the digestive system
252	PAEDIATRIC ENDOCRINOLOGY	The treatment of disorders of the endocrine system
253	PAEDIATRIC CLINICAL HAEMATOLOGY	Excludes Anticoagulant Service - see TREATMENT FUNCTION CODE 324
254	PAEDIATRIC AUDIOLOGICAL MEDICINE	The medical specialty concerned with the investigation, diagnosis and management of patients with disorders of

		balance, hearing, tinnitus and auditory communication. Excludes audiology and hearing tests
255	PAEDIATRIC CLINICAL IMMUNOLOGY AND ALLERGY SERVICE	Clinical Immunology is the treatment of disorders of the immune system. Allergy Service is the diagnosis and management of allergic disease
256	PAEDIATRIC INFECTIOUS DISEASES	SERVICES to diagnose and treat contagious or communicable diseases
257	PAEDIATRIC DERMATOLOGY	SERVICES for the treatment of diseases of the skin
258	PAEDIATRIC RESPIRATORY MEDICINE	Also known as Thoracic Medicine
259	PAEDIATRIC NEPHROLOGY	SERVICES to treat kidney conditions and abnormalities
260	PAEDIATRIC MEDICAL ONCOLOGY	The diagnosis and treatment, typically with Chemotherapy of PATIENTS with cancer
261	PAEDIATRIC METABOLIC DISEASE	The diagnosis and management of inherited metabolic conditions
262	PAEDIATRIC RHEUMATOLOGY	SERVICES to treat rheumatism, arthritis, and other disorders of the joints, muscles and ligaments
263	PAEDIATRIC DIABETIC MEDICINE	SERVICES to diagnose, treat and support PATIENTS with diabetes
264	PAEDIATRIC CYSTIC FIBROSIS	Specialised, multidisciplinary SERVICE concerned with the diagnosis, assessment and management of PATIENTS with cystic fibrosis. This TREATMENT FUNCTION CODE should be used by recognised specialist centres only
280	PAEDIATRIC INTERVENTIONAL RADIOLOGY	Diagnosis and treatment of diseases utilising minimally-invasive image-guided procedures. Not to be used for Diagnostic Imaging - see TREATMENT FUNCTION CODE 812
290	COMMUNITY PAEDIATRICS	Includes routine health surveillance, health promotion, behavioural paediatrics and Looked After Children . Excludes Paediatric Neuro-Disability
291	PAEDIATRIC NEURO-DISABILITY	Dedicated SERVICES for children with Cerebral Palsy and non-progressive handicapping neurological conditions, with or without Learning Disability
Medical Specialties		
190	ANAESTHETICS	This can be used in out-patients only. Pain Management should be recorded in 191
192	CRITICAL CARE MEDICINE	also known as Intensive Care Medicine
300	GENERAL MEDICINE	Includes sub-categories not elsewhere listed e.g. Metabolic Medicine.
301	GASTROENTEROLOGY	The treatment of disorders of the digestive system
302	ENDOCRINOLOGY	The treatment of disorders of the endocrine system
303	CLINICAL HAEMATOLOGY	Excludes Anticoagulant Service - see TREATMENT FUNCTION CODE 324
304	CLINICAL PHYSIOLOGY	Physiological measurement including ECG (e.g. exercise testing, stress testing), gastrointestinal physiology, cardiac physiology, vascular technology, urodynamics, and ophthalmic and vision science. Excludes Clinical Neurophysiology - see TREATMENT FUNCTION CODE 401, Audiology - see TREATMENT FUNCTION

		CODE 840 or Respiratory Physiology - see TREATMENT FUNCTION CODE 341
305	CLINICAL PHARMACOLOGY	SERVICES providing drug information, medication safety and other aspects of pharmacy practice
306	HEPATOLOGY	Also known as liver medicine
307	DIABETIC MEDICINE	SERVICES to diagnose, treat and support PATIENTS with diabetes
308	BLOOD AND MARROW TRANSPLANTATION	Previously coded within Clinical Haematology (TREATMENT FUNCTION CODE 303). Includes haemopoietic stem cell transplantation
309	HAEMOPHILIA SERVICE	Previously coded within Clinical Haematology (TREATMENT FUNCTION CODE 303).
310	AUDIOLOGICAL MEDICINE	The medical specialty concerned with the investigation, diagnosis and management of patients with disorders of balance, hearing, tinnitus and auditory communication. Excludes audiology and hearing tests
311	CLINICAL GENETICS	Diagnosis of disorders caused by genetic mechanisms and counselling SERVICE to PATIENTS and affected family members. To be used by recognised specialist units and associated outreach SERVICES only
312	not a Treatment Function	
313	CLINICAL IMMUNOLOGY and ALLERGY SERVICE	Should only be used where there are no separate SERVICES for Clinical Immunology and Allergy
314	REHABILITATION SERVICE	SERVICES to enhance and restore functional ability and quality of life to those with physical impairments or disabilities. Excludes Mental Health Recovery and Rehabilitation Service - see TREATMENT FUNCTION CODE 725
315	PALLIATIVE MEDICINE	The treatment for curable illnesses and those living with chronic diseases, as well as PATIENTS who are nearing the end of life
316	CLINICAL IMMUNOLOGY	The treatment of disorders of the immune system
317	ALLERGY SERVICE	The diagnosis and management of allergic disease (abnormal immune responses to external substances) and the exclusion of allergic causes in other conditions
318	INTERMEDIATE CARE	Intermediate care encompasses a range of multi-disciplinary SERVICES designed to safeguard independence by maximising rehabilitation and recovery after illness or injury
319	RESPIRE CARE	SERVICES providing temporary care of a dependant person, providing relief for their usual caregivers
320	CARDIOLOGY	SERVICES treating diseases and abnormalities of the heart
321	PAEDIATRIC CARDIOLOGY	Dedicated SERVICES to children with diseases and abnormalities of the heart, with appropriate facilities and support staff
322	CLINICAL MICROBIOLOGY	SERVICES to treat diseases caused by bacteria, viruses, fungi and parasites
323	SPINAL INJURIES	

		To be used by recognised specialist units and associated outreach SERVICES only, Excludes Spinal Surgery Service - see TREATMENT FUNCTION CODE 108
324	ANTICOAGULANT SERVICE	The monitoring and control of anticoagulant therapy including the initiation and/or supervision of oral anticoagulant therapy and the determination of anticoagulant dosage. This can be used in out-patients only
325	SPORT AND EXERCISE MEDICINE	The diagnosis and management of medical problems caused by physical activity, the prevention of related injury and disease and the role of exercise in disease treatment
327	CARDIAC REHABILITATION	Rehabilitation SERVICE for PATIENTS with or recovering from heart related conditions such as heart attacks or from procedures such as coronary artery bypass surgery to ensure that they achieve their full potential in terms of physical and psychological health
328	STROKE MEDICINE	For stroke services excluding Transient Ischaemic Attack - see TREATMENT FUNCTION CODE 329
329	TRANSIENT ISCHAEMIC ATTACK	A multidisciplinary SERVICE for rapid diagnosis and treatment of PATIENTS presenting with suspected Transient Ischaemic Attack and mini-strokes to minimise the chance of a full stroke occurring and maximise the chances of independent living after a stroke
330	DERMATOLOGY	SERVICES for the treatment of diseases of the skin
331	CONGENITAL HEART DISEASE SERVICE	The management and treatment of congenital heart disease, this includes the ongoing care of children in to adulthood
340	RESPIRATORY MEDICINE	Also known as Thoracic Medicine
341	RESPIRATORY PHYSIOLOGY	Physiological measurement of the function of the respiratory system. Includes Sleep Studies (the diagnosis and treatment of sleep disordered breathing, including upper airway resistance syndrome and sleep apnoea)
342	PROGRAMMED PULMONARY REHABILITATION	A multidisciplinary programme of care for PATIENTS with chronic respiratory impairment that is individually tailored and designed to optimise the individual's physical and social performance and autonomy
343	ADULT CYSTIC FIBROSIS SERVICE	Specialised, multidisciplinary SERVICE concerned with the diagnosis, assessment and management of PATIENTS with cystic fibrosis. This TREATMENT FUNCTION CODE should be used by recognised specialist centres only
344	COMPLEX SPECIALISED REHABILITATION SERVICE	Complex specialised rehabilitation SERVICE which meets the NHS Specialised Services Rehabilitation Services' criteria and is registered as a Level 1 service. For further information see the NHS Specialised Services website
345	SPECIALIST REHABILITATION SERVICE	Specialist rehabilitation SERVICE which meets the NHS Specialised Services Rehabilitation Services' criteria and is registered as a Level 2a service. For further information see the NHS Specialised Services website
346	LOCAL SPECIALIST REHABILITATION SERVICE	Local specialist rehabilitation SERVICE which meets the NHS Specialised Services Rehabilitation Services' criteria

		and is registered as a Level 2b service. For further information see the NHS Specialised Services website
350	INFECTIOUS DISEASES	SERVICES to diagnose and treat contagious or communicable diseases
352	TROPICAL MEDICINE	SERVICES to diagnose and treat diseases that are found most often in tropical or sub-tropical regions
360	GENITOURINARY MEDICINE	Primarily related to medicine dealing with sexually transmitted diseases
361	NEPHROLOGY	SERVICES to treat kidney conditions and abnormalities
370	MEDICAL ONCOLOGY	The diagnosis and treatment, typically with Chemotherapy , of PATIENTS with cancer
371	NUCLEAR MEDICINE	The treatment of PATIENTS through the use of radioactive substances
400	NEUROLOGY	SERVICES to diagnose and treat conditions and diseases of the central nervous system
401	CLINICAL NEUROPHYSIOLOGY	The study of the central and peripheral nervous systems through the recording of bioelectrical activity. Includes Electroencephalogram (EEG)
410	RHEUMATOLOGY	SERVICES to treat rheumatism, arthritis, and other disorders of the joints, muscles and ligaments
420	PAEDIATRICS	SERVICES to treat infants, children, and adolescents
421	PAEDIATRIC NEUROLOGY	Dedicated SERVICES to children to diagnose and treat conditions and diseases of the central nervous system, with appropriate facilities and support staff
422	NEONATOLOGY	Special Care, High Dependency and Intensive Care
424	WELL BABIES	Use when NEONATAL LEVEL OF CARE = 0 - Normal Care: Care given by the mother/substitute with medical and neonatal nursing advice if needed. See Well Baby
430	GERIATRIC MEDICINE	SERVICES to treat diseases and disabilities in older adults. There is no set age at which PATIENTS may be under the care of Geriatric Medicine, this decision should be determined by the individual PATIENT 's needs
450	DENTAL MEDICINE SPECIALTIES	Includes Oral Medicine.
460	MEDICAL OPHTHALMOLOGY	SERVICES to diagnose and treat medical conditions affecting the eye, orbits, and visual pathways
500	not a Treatment Function	
501	OBSTETRICS	The management of pregnancy and childbirth including miscarriages and still births but excluding planned terminations. Excludes Midwifery Service see TREATMENT FUNCTION CODE 560
502	GYNAECOLOGY	Disorders of the female reproductive system. Includes planned terminations
503	GYNAECOLOGICAL ONCOLOGY	SERVICES to treat cancers of the female reproductive system
510	Retired	Record as Obstetrics, antenatal clinic can be used as a local sub-specialty if required
520	Retired	

		Record as Obstetrics, postnatal clinic can be used as a local sub-specialty if required
560	MIDWIFERY SERVICE	SERVICES provided under the direct care of a MIDWIFE . Excludes Obstetrics see TREATMENT FUNCTION CODE 501
600	not a Treatment Function	
610	Retired	Record as Obstetrics
620	Retired	Use the appropriate function under which the patient is treated
Therapies		
650	PHYSIOTHERAPY	The treatment of human function and movement to help people to achieve their full physical potential. The use of physical approaches to promote, maintain and restore wellbeing
651	OCCUPATIONAL THERAPY	The use of specific activities to limit the effects of disability and promote independence in all aspects of daily life
652	SPEECH AND LANGUAGE THERAPY	The assessment, treatment and help to prevent speech, language and swallowing difficulties
653	PODIATRY	Also known as Chiropody. The diagnosis and treatment of disorders, diseases and deformities of the feet. Excludes Podiatric Surgery see TREATMENT FUNCTION CODE 663
654	DIETETICS	The application of the science of nutrition to devise eating plans for PATIENTS to treat medical conditions. The promotion of good health by helping to facilitate a positive change in food choices amongst individuals, groups and communities
655	ORTHOPTICS	The diagnosis and treatment of visual problems involving eye movement and alignment
656	CLINICAL PSYCHOLOGY	The diagnosis and treatment of emotional and behavioural disorders
657	PROSTHETICS	The supply of prosthetics for PATIENTS
658	ORTHOTICS	The supply of orthoses for PATIENTS
659	DRAMA THERAPY	The use of drama and theatre techniques including role play, voice work and storytelling for therapeutic purposes
660	ART THERAPY	The use of art techniques including clay, paint and paper for therapeutic purposes and as a means of communication
661	MUSIC THERAPY	The use of music and all of its facets to help clients to improve or maintain their health
662	OPTOMETRY	The diagnosis and non-surgical treatment of disorders of the eye and vision care
663	PODIATRIC SURGERY	The treatment of foot problems, including soft tissue, bone and joint surgery of the foot, ankle and associated structures, excludes Podiatry see TREATMENT FUNCTION CODE - 653
Psychiatry		
700	LEARNING DISABILITY	SERVICES provided to PATIENTS with a Learning Disability

710	ADULT MENTAL ILLNESS	SERVICES provided to adult PATIENTS for the assessment, diagnosis and treatment of mental illness
711	CHILD and ADOLESCENT PSYCHIATRY	SERVICES providing diagnosis, treatment, and prevention of psychopathological disorders of children and adolescents
712	FORENSIC PSYCHIATRY	SERVICES to assess PATIENTS who have committed an offence and are receiving treatment in high, medium and low secure units or prisons
713	PSYCHOTHERAPY	SERVICES providing therapy used to treat emotional problems and mental health conditions
715	OLD AGE PSYCHIATRY	SERVICES providing the diagnosis, treatment, and prevention of mental and emotional disorders in older adult PATIENTS
720	EATING DISORDERS	A specialist SERVICE for the diagnosis and treatment of eating disorders including anorexia, bulimia and compulsive overeating
721	ADDICTION SERVICES	The prevention and treatment of substance misuse including drugs and alcohol. If PATIENTS have both severe mental illness and problematic substance misuse, see TREATMENT FUNCTION CODE 726 Dual Diagnosis Service
722	LIAISON PSYCHIATRY	The provision of psychiatric treatment to PATIENTS attending general hospitals including out-patient clinics, Accident and Emergency Departments and admission to wards. Deals with the interface between physical and psychological health.
723	PSYCHIATRIC INTENSIVE CARE	The provision of psychiatric SERVICES to vulnerable individuals who are admitted to Psychiatric Intensive Care Units from open acute wards and forensic settings
724	PERINATAL PSYCHIATRY	A specialist psychiatric SERVICE for the diagnosis and treatment of ante-natal and post-natal psychiatric problems
725	MENTAL HEALTH RECOVERY AND REHABILITATION SERVICE	SERVICES provided to support recovery from mental illness that maximises the PATIENT 's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy
726	MENTAL HEALTH DUAL DIAGNOSIS SERVICE	SERVICES to provide support to PATIENTS with both severe mental illness and substance misuse problems. Personality disorder may coexist with psychiatric illness and/or substance misuse
727	DEMENTIA ASSESSMENT SERVICE	SERVICES for the assessment of PATIENTS with dementia, which may complicate care giving and can occur at any stage of the illness. In addition to memory impairment, dementia may include behavioural and psychological problems
Radiology		
800	CLINICAL ONCOLOGY (previously RADIOTHERAPY)	The diagnosis and treatment, typically with Radiotherapy , of PATIENTS with cancer.
810	not a Treatment Function	
811	INTERVENTIONAL RADIOLOGY	Diagnosis and treatment of diseases utilising minimally-invasive image-guided procedures. Not to be used for

		Diagnostic Imaging - see TREATMENT FUNCTION CODE 812
812	DIAGNOSTIC IMAGING	The production and interpretation of high quality images of the body to diagnose injuries and disease, e.g. x-rays, Ultrasound Scan , MRI Scan , PET Scan or CT Scan .
Pathology		
820	not a Treatment Function	
821	not a Treatment Function	
822	CHEMICAL PATHOLOGY	To be used for clinical management only
823	not a Treatment Function	See Clinical Haematology
824	not a Treatment Function	
830	not a Treatment Function	See Clinical Immunology
831	not a Treatment Function	See Clinical Microbiology
832	Retired	
834	MEDICAL VIROLOGY	The diagnosis and management and prevention of virus and related infections, in hospital and in the community including HIV/AIDS, other blood-borne infections like hepatitis B and C and viruses such as SARS and avian flu
Other		
840	AUDIOLOGY	Physiological measurement and diagnosis of hearing disorders, and the rehabilitation of PATIENTS with hearing loss
900	not a Treatment Function	
901	not a Treatment Function	
920	DIABETIC EDUCATION SERVICE	SERVICES providing dedicated small group education courses regarding self management for diabetic PATIENTS
950	not a Treatment Function	Use the appropriate function under which the patient is treated
960	not a Treatment Function	Use the appropriate function under which the patient is treated
990	Retired	

Notes:

†	Code 500 is not acceptable for Central Returns including Hospital Episode Statistics
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UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)

Change to Attribute: Changed Dataset

The unique booking reference number assigned by the [Choose and Book](#) system when a [PATIENT](#) accepts an [APPOINTMENT DATE OFFERED](#) of an [APPOINTMENT OFFER](#) where the offer was made via the [Choose and Book](#) system.

When a [PATIENT](#) accepts an [APPOINTMENT DATE OFFERED](#), the unique booking reference number issued and used during the booking process is considered to be 'converted' i.e. an [APPOINTMENT](#) has been created and recorded; and the [PATIENT](#) has been placed on an [Out-Patient Waiting List](#) even if subsequently the [PATIENT](#) does not attend or cancels the [APPOINTMENT](#).

[UNIQUE BOOKING REFERENCE NUMBER \(CONVERTED\)](#) should only be recorded where the type of booking system is the [Choose and Book](#) system.

WAITING TIME MEASUREMENT TYPE

Change to Attribute: Changed Dataset

The type of waiting time measurement methodology which may be applied during a [PATIENT PATHWAY](#).

The methodology applied may be for one part of a [PATIENT PATHWAY](#), such as the measurement of a [REFERRAL TO TREATMENT PERIOD](#), or other parts of the [PATIENT PATHWAY](#) according to [Department of Health and Social Care](#) policy.

National Codes:

- 01 [Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement](#)
- 02 [Allied Health Professional Referral To Treatment Measurement](#)
- 03 [Improving Access to Psychological Therapies Referral To Treatment Measurement](#) *
- 04 [Early Intervention in Psychosis Waiting Time Measurement](#) *
- 09 Other Referral To Treatment Measurement Type

Notes:

- * National Codes 03 and 04 relate to the Waiting Time Measurements in the [Improving Access to Psychological Therapies Data Set](#) and [Mental Health Services Data Set](#) **only**. Other Data Sets which include [WAITING TIME MEASUREMENT TYPE](#) will not report National Codes 03 and 04.
- ** National Code 01 is also not valid for the [Mental Health Services Data Set](#).

ACCESSIBLE INFORMATION PROFESSIONAL REQUIRED CODE (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[ACCESSIBLE INFORMATION PROFESSIONAL REQUIRED CODE \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[ACCESSIBLE INFORMATION PROFESSIONAL REQUIRED CODE \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify that the [PATIENT](#) requires support from a communication professional.

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Accessible Information - requires communication professional
- [Subset](#) Original Id: 58951000000133

- [Refset](#) FSN: Accessible information - requires communication professional simple reference set (foundation metadata concept)
- [Refset](#) Id: 999002151000000104

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Accessible Information - requires communication professional](#).

ACCOMMODATION STATUS (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[ACCOMMODATION STATUS \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[ACCOMMODATION STATUS \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify the details of the [ACCOMMODATION](#) of the [PERSON](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care usual residence type
- [Subset](#) Original Id: 72091000000139
- [Refset](#) FSN: Emergency care usual residence type simple reference set (foundation metadata concept)
- [Refset](#) Id: 999003051000000109

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Accommodation Status](#).

ACTIVITY SERVICE REQUEST DATE (EMERGENCY CARE)

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[ACTIVITY SERVICE REQUEST DATE \(EMERGENCY CARE\)](#) is the same as attribute [ACTIVITY SERVICE REQUEST DATE](#).

[ACTIVITY SERVICE REQUEST DATE \(EMERGENCY CARE\)](#) is the [DATE](#) that a [PATIENT](#) was referred to another [SERVICE](#) during an [Emergency Care Attendance](#).

ACTIVITY SERVICE REQUEST TIME (EMERGENCY CARE)

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	
Default Codes:	

Notes:

[ACTIVITY SERVICE REQUEST TIME \(EMERGENCY CARE\)](#) is the same as attribute [ACTIVITY SERVICE REQUEST TIME](#).

[ACTIVITY SERVICE REQUEST TIME \(EMERGENCY CARE\)](#) is the [TIME](#) that a [PATIENT](#) was referred to another [SERVICE](#) during an [Emergency Care Attendance](#).

ACTIVITY TREATMENT FUNCTION CODE (DECISION TO ADMIT)

Change to Data Element: Changed Dataset

Format/Length:	an3
National Codes:	See TREATMENT FUNCTION CODE
Default Codes:	

Notes:

[ACTIVITY TREATMENT FUNCTION CODE \(DECISION TO ADMIT\)](#) is the same as attribute [TREATMENT FUNCTION CODE](#).

[ACTIVITY TREATMENT FUNCTION CODE \(DECISION TO ADMIT\)](#) is the [TREATMENT FUNCTION CODE](#) of the [SERVICE](#) to which a [PATIENT](#) is to be admitted.

AGE AT CDS ACTIVITY DATE

Change to Data Element: Changed Dataset

Format/Length:	n3
National Codes:	
Default Codes:	999 - Not known i.e. date of birth not known and age cannot be estimated

Notes:

[AGE AT CDS ACTIVITY DATE](#) is derived as the number of completed years between the [PERSON BIRTH DATE](#) of the [PATIENT](#) and the [CDS ACTIVITY DATE](#).

[AGE AT CDS ACTIVITY DATE](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

AMBULANCE INCIDENT NUMBER

Change to Data Element: Changed Dataset

Format/Length:	max an20
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National Codes: See [PATIENT JOURNEY NUMBER](#)
Default Codes:

Notes:

[AMBULANCE INCIDENT NUMBER](#) is the same as attribute [PATIENT JOURNEY NUMBER](#).

From Commissioning Data Set version 6-2, this data element may be submitted where the [PATIENT](#) arrived at hospital by [Ambulance](#), and an [Accident and Emergency Attendance](#) or [Hospital Provider Spell](#) related to this [PATIENT TRANSPORT JOURNEY](#) was recorded.

CARE PROFESSIONAL DISCHARGE RESPONSIBILITY INDICATOR (EMERGENCY CARE)

Change to Data Element: Changed Dataset

Format/Length: an1
National Codes: See [CARE PROFESSIONAL DISCHARGE RESPONSIBILITY INDICATOR FOR EMERGENCY CARE](#)
Default Codes:

Notes:

[CARE PROFESSIONAL DISCHARGE RESPONSIBILITY INDICATOR \(EMERGENCY CARE\)](#) is the same as attribute [CARE PROFESSIONAL DISCHARGE RESPONSIBILITY INDICATOR FOR EMERGENCY CARE](#).

CARE PROFESSIONAL TIER (EMERGENCY CARE)

Change to Data Element: Changed Dataset

Format/Length: an2
National Codes: See [CARE PROFESSIONAL TIER FOR EMERGENCY CARE](#)
Default Codes:

Notes:

[CARE PROFESSIONAL TIER \(EMERGENCY CARE\)](#) is the same as attribute [CARE PROFESSIONAL TIER FOR EMERGENCY CARE](#).

CDS ACTIVITY DATE

Change to Data Element: Changed Description, Dataset

Format/Length: See [DATE](#)
National Codes:
Default Codes:

Notes:

For Commissioning data, every [CDS Type](#) has a "CDS Originating Date" contained within the Commissioning Data Set data that must be used to populate the [CDS ACTIVITY DATE](#).

The [CDS ACTIVITY DATE](#) is held in the Commissioning Data Set Transaction Header Group and is a mandatory data element for all uses of the Commissioning Data Set for both Bulk Update and Net Change Protocols, see the [Commissioning Data Set Submission Protocol](#) supporting information.

For Bulk Update use, see: [CDS V6-2 Type 005B – Commissioning Data Set Transaction Header Group – Bulk Update Protocol](#) / [CDS V6-2-1 Type 005B – Commissioning Data Set Transaction Header Group – Bulk Update Protocol](#)

For Net Change Use, see: [CDS V6-2 Type 005N – Commissioning Data Set Transaction Header Group – Net Change Protocol](#) / [CDS V6-2-1 Type 005N – Commissioning Data Set Transaction Header Group – Net Change Protocol](#) For Bulk Update use, see:

- [CDS V6-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#)
- [CDS V6-2-1 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#)
- [CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#)

For Net Change Use, see:

- [CDS V6-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#)
- [CDS V6-2-1 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#)
- [CDS V6-2-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#)

The [CDS ACTIVITY DATE](#) has an associated "CDS Originating Date" specifically identified for each [CDS Type](#) as follows:

CDS TYPE	DESCRIPTION	CDS ORIGINATING DATE (used to populate the CDS ACTIVITY DATE)
010	Accident and Emergency Attendance	ARRIVAL DATE, ARRIVAL TIME AT ACCIDENT AND EMERGENCY DEPARTMENT
011	Emergency Care Attendance	EMERGENCY CARE ARRIVAL DATE, EMERGENCY CARE ARRIVAL TIME
020	Outpatient (known in the Schema as Care Activity)	APPOINTMENT DATE
021	Future Outpatient (known in the Schema as Future Care Activity)	APPOINTMENT DATE
030	EAL End Of Period Census - STANDARD	DECIDED TO ADMIT DATE
040	EAL End Of Period Census - OLD	NHS SERVICE AGREEMENT CHANGE DATE
050	EAL End Of Period Census - NEW	NHS SERVICE AGREEMENT CHANGE DATE
060	EAL Event During Period - ADD	DECIDED TO ADMIT DATE
070	EAL Event During Period - REMOVE	ELECTIVE ADMISSION LIST REMOVAL DATE
080	EAL Event During Period - OFFER	OFFERED FOR ADMISSION DATE
090	EAL Event During Period - AVAILABLE / UNAVAILABLE	SUSPENSION START DATE
100	EAL Event During Period - OLD SERVICE AGREEMENT	NHS SERVICE AGREEMENT CHANGE DATE
110	EAL Event During Period - NEW SERVICE AGREEMENT	NHS SERVICE AGREEMENT CHANGE DATE

120	Finished Birth Episode	END DATE (EPISODE)
130	Finished General Episode	END DATE (EPISODE)
140	Finished Delivery Episode	END DATE (EPISODE)
150	Other Birth	DELIVERY DATE
160	Other Delivery	DELIVERY DATE
170	Detained and/or Long-Term Psychiatric Census	DETAINED AND (OR) LONG TERM PSYCHIATRIC CENSUS DATE
180	Unfinished Birth Episode	START DATE (EPISODE)
190	Unfinished General Episode	START DATE (EPISODE)
200	Unfinished Delivery Episode	START DATE (EPISODE)

Usage:

The [CDS ACTIVITY DATE](#) is validated by the [Secondary Uses Service](#) and Commissioning Data Set Interchanges are rejected if the date is not present, invalid or not compatible with the [Commissioning Data Set Submission Protocol](#) controls being used.

In particular, when using the Commissioning Data Set Bulk Replacement Update Mechanism, the [CDS ACTIVITY DATE](#) and its "CDS Originating Date" are used by the [Secondary Uses Service](#) to validate that the [CDS Type](#) date applicability falls within the [CDS REPORT PERIOD START DATE](#) and the [CDS REPORT PERIOD END DATE](#).

CDS APPLICABLE DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[CDS APPLICABLE DATE](#) is the date (with an associated [CDS APPLICABLE TIME](#)) of the update event (or the nearest equivalent) that resulted in the need to exchange this Commissioning Data Set.

Usage:

[CDS APPLICABLE DATE](#) is mandatory when used with the Commissioning Data Set Net Change Update Mechanism. It is not required when the Commissioning Data Set Bulk Replacement Update Mechanism is used. See the [Commissioning Data Set Submission Protocol](#).

The [CDS APPLICABLE DATE](#) (and the [CDS APPLICABLE TIME](#) if supplied) is stored in the [Secondary Uses Service](#) database and in the event of multiple submissions of the same uniquely identified Commissioning data (even in separate interchanges).

The [Secondary Uses Service](#) database update process is then able to use this date and time to ensure correct updating of the Commissioning data in the correct relative date/time sequence.

CDS APPLICABLE TIME

Change to Data Element: Changed Dataset

Format/Length:	See TIME
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National Codes:

Default Codes:

Notes:

[CDS APPLICABLE TIME](#) is the time (with an associated [CDS APPLICABLE DATE](#)) of the update event (or the nearest equivalent) that resulted in the need to exchange this Commissioning data.

Usage:

[CDS APPLICABLE TIME](#) is mandatory when used with the Commissioning Data Set Net Change Update Mechanism. It is not required when the CDS Bulk Replacement Update Mechanism is used. See the [Commissioning Data Set Submission Protocol](#).

The [CDS APPLICABLE TIME](#) (and [CDS APPLICABLE DATE](#) if supplied) is stored in the [Secondary Uses Service](#) database and in the event of multiple submissions of the same uniquely identified Commissioning data (even in separate interchanges), the [Secondary Uses Service](#) database update process is then able to use the date and time to ensure correct updating of the Commissioning data in the correct relative date/time sequence.

CDS BULK REPLACEMENT GROUP CODE

Change to Data Element: Changed Description, Dataset

Format/Length: an3

National Codes:

Default Codes:

Notes:

[CDS BULK REPLACEMENT GROUP CODE](#) is the Commissioning Data Set Group into which [CDS Types](#) must be grouped when using the Commissioning Data Set Bulk Replacement Update Mechanism.

[CDS BULK REPLACEMENT GROUP CODE](#) is not required when the Commissioning Data Set Net Change Update Mechanism is used.

The Commissioning Data Set Bulk Replacement Update Mechanism process identifies previously transferred [CDS Types](#) that are to be replaced by the submitted Commissioning Data Set interchange. To do this the [CDS BULK REPLACEMENT GROUP CODE](#) must be used together with the following data items:

- [CDS REPORT PERIOD START DATE](#)
- [CDS REPORT PERIOD END DATE](#)
- [CDS INTERCHANGE SENDER IDENTITY](#)
- [CDS PRIME RECIPIENT IDENTITY](#)

It is particularly important when using the Commissioning Data Set Bulk Replacement Update Mechanism for a [CDS BULK REPLACEMENT GROUP CODE](#) to contain all the relevant [CDS Types](#) for the extracted time period in a single Commissioning Data Set Interchange, e.g. the Finished General Episodes, Finished Delivery Episodes and Finished Birth Episodes in a Finished Episode Group.

Permitted National Codes:

- 010 Finished General, Delivery and Birth Episodes
- 020 Unfinished General, Delivery and Birth Episodes
- 030 Other Delivery
- 040 Other Birth
- 050 Detained and/or Long Term Psychiatric Census
- 060 Outpatient
- 070 Standard variation of Elective Admission List End Of Period Census
- 080 New and Old variations of Elective Admission List End Of Period Census
- 090 Add variation of Elective Admission List Event During Period
- 100 Remove variation of Elective Admission List Event During Period
- 110 Offer variation of Elective Admission List Event During Period
- 120 Available/Unavailable variation of Elective Admission List Event During Period
- 130 New and Old variations of Elective Admission List Event During Period
- 140 Accident and Emergency Attendance
- 150 Future Outpatient
- 160 Emergency Care Attendance

~~* Note - National Code 'Emergency Care Attendance' is only valid for the [CDS V6-2-1 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#) and [CDS V6-2-1 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#)~~ * Note - National Code 'Emergency Care Attendance' is only valid for:

- [CDS V6-2-1 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#)
- [CDS V6-2-1 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#)
- [CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#)
- [CDS V6-2-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#)

CDS COPY RECIPIENT IDENTITY

Change to Data Element: Changed Dataset

Format/Length:	an3 or an5
National Codes:	
ODS Default Codes:	VPP00 - Private PATIENTS / Overseas Visitor liable for charges YDD82 - Episodes funded directly by the National Commissioning Group for England (Retired September 2018)

Notes:

[CDS COPY RECIPIENT IDENTITY](#) is the same as attribute [ORGANISATION CODE](#).

[CDS COPY RECIPIENT IDENTITY](#) is the NHS [ORGANISATION CODE](#) (or valid [Organisation Data Service Default Code](#)) for an [Organisation](#) indicated as a [CDS COPY RECIPIENT IDENTITY](#) of the Commissioning data.

Usage:

A Recipient may be an agency or [SERVICE](#) provider that carries out the receiving (and perhaps other) processes on behalf of the NHS [Organisation](#) that ultimately uses the data. There may be multiple recipients for Commissioning data.

[Organisation Data Service Default Codes](#) for [CDS COPY RECIPIENT IDENTITIES](#) are detailed in the [Commissioning Data Set Addressing Grid](#).

Where [NHS England](#) is the responsible commissioner for a specialised [SERVICE](#), based on the [NHS England Commissioner Assignment Method \(CAM\)](#), one of the [Specialised Commissioning Hub ORGANISATION CODES](#) should be used depending on which [Health Care Provider](#) delivered the [SERVICE](#), e.g. [NHS Trust](#), [Independent Sector Healthcare Provider](#).

The [NHS Digital](#) website provides a mapping list of which [Health Care Providers](#) map to which [Specialised Commissioning Hub](#). The mapping can be found on the [Organisation Data Service](#) web pages at: [Provider to Commissioning Hub Mapping](#).

CDS EXTRACT DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[CDS EXTRACT DATE](#) is the [DATE](#) (with an associated [CDS EXTRACT TIME](#)) of the update event (or the nearest equivalent) that resulted in the need to exchange this Commissioning Data Set.

Usage:

[CDS EXTRACT DATE](#) is mandatory when used with the Commissioning Data Set Bulk Replacement Update Mechanism. It is not required when the Commissioning Data Set Net Change Update Mechanism is used, see the [Commissioning Data Set Submission Protocol](#).

The [CDS EXTRACT DATE](#) (and [CDS EXTRACT TIME](#) if supplied) is used by the [Secondary Uses Service](#) to detect duplicate Interchanges of a similarly defined Bulk Update submission of Commissioning Data Sets.

The [Secondary Uses Service](#) processes and stores the date and time information to ensure correct updating of the Commissioning Data Set data in the correct relative date/time sequence.

CDS EXTRACT TIME

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	
Default Codes:	

Notes:

[CDS EXTRACT TIME](#) is the [TIME](#) (with an associated [CDS EXTRACT DATE](#)) at which the Commissioning data extract was undertaken.

Usage:

[CDS EXTRACT TIME](#) is mandatory when using the Commissioning Data Set Bulk Replacement Update Mechanism and is used to ensure that submissions are processed in the correct relative sequence. See the [Commissioning Data Set Submission Protocol](#).

The sender of Commissioning Data Set data should determine the most useful point of the system's processes to generate this time value to provide a useful reference/audit control point.

CDS INTERCHANGE APPLICATION REFERENCE

Change to Data Element: Changed Dataset

Format/Length:	an14
National Codes:	
Default Codes:	

Notes:

[CDS INTERCHANGE APPLICATION REFERENCE](#) identifies the application content of the Interchange where the Interchange contains only one type of Message.

Usage:

This facility enables submitted interchanges to be marked to enable interchange content to be identified and recorded.

All CDS Interchanges must contain this data element.

CODE	CLASSIFICATION
NHSCDS	CDS Interchange

CDS XML Schema Interchanges:

CDS XML Schema interchanges submitted may contain the optional [CDS INTERCHANGE APPLICATION REFERENCE](#).

CDS INTERCHANGE CONTROL COUNT

Change to Data Element: Changed Dataset

Format/Length:	n7
National Codes:	
Default Codes:	

Notes:

[CDS INTERCHANGE CONTROL COUNT](#) is a mandatory data element and is a count of CDS Messages contained in the CDS Interchange.

Usage:

Senders of CDS Interchanges must generate this data. Recipients of CDS Interchanges are advised to recount the received CDS messages and match this control count to ensure all CDS data submitted has been correctly received.

CDS INTERCHANGE CONTROL REFERENCE

Change to Data Element: Changed Dataset

Format/Length:	an14
National Codes:	
Default Codes:	

Notes:

[CDS INTERCHANGE CONTROL REFERENCE](#) provides a unique number (per sender identity) to identify every Commissioning Data Set Interchange submission.

For each Interchange submitted, the [CDS INTERCHANGE CONTROL REFERENCE](#) must be incremented by 1. The maximum value supported is n7 and wrap around from 9999999 to 1 must be supported.

Usage:

[CDS INTERCHANGE CONTROL REFERENCE](#) is a mandatory data element when submitting Commissioning Data Set Interchanges and is used to uniquely identify and if required, to sequence check Commissioning Data Set submissions.

Although (for historical reasons) contained in a 14 alpha-numeric format, a maximum value of 9999999 is permitted in the format of n7.

This control reference data may also be presented on [Secondary Uses Service \(SUS\)](#) service messages and audit logs, etc.

CDS XML Schema Interchanges:

All CDS XML Schema interchanges submitted must contain a [CDS INTERCHANGE CONTROL REFERENCE](#).

CDS INTERCHANGE DATE OF PREPARATION

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[CDS INTERCHANGE DATE OF PREPARATION](#) is the [DATE](#) when the Commissioning Data Set Interchange data was created.

Usage:

[CDS INTERCHANGE DATE OF PREPARATION](#) is a mandatory data element when submitting Commissioning data.

CDS XML Schema Interchanges:

All CDS XML Schema interchanges submitted must contain a [CDS INTERCHANGE DATE OF PREPARATION](#).

CDS INTERCHANGE RECEIVER IDENTITY

Change to Data Element: Changed Dataset

Format/Length:	an15
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National Codes:
Default Codes:

Notes:

[CDS INTERCHANGE RECEIVER IDENTITY](#) is the address of the physical site receiving a Commissioning Data Set interchange.

Usage:

The collection facility for Commissioning data is the [Secondary Uses Service](#).

CDS XML Schema Interchanges:

All CDS XML Schema interchanges submitted must contain the [CDS INTERCHANGE RECEIVER IDENTITY](#) of the [Secondary Uses Service](#).

CDS INTERCHANGE SENDER IDENTITY

Change to Data Element: Changed Dataset

Format/Length: an15
National Codes:
Default Codes:

Notes:

[CDS INTERCHANGE SENDER IDENTITY](#) is the assigned EDI Address of the physical [Organisation](#) or site responsible for sending Commissioning data.

Usage:

[CDS INTERCHANGE SENDER IDENTITY](#) is a mandatory data element when submitting Commissioning Data Set interchanges.

Every [Organisation](#) must register its [CDS INTERCHANGE SENDER IDENTITY](#) for use with the [Secondary Uses Service](#).

Where an [Organisation](#) acts on behalf of another NHS [Organisation](#), care must be taken to ensure the correct use of the identity. For data submitted to the service, the [CDS INTERCHANGE SENDER IDENTITY](#) is the EDI Address of the sending site.

CDS XML Schema Interchanges:

All CDS XML Schema interchanges submitted must contain a [CDS INTERCHANGE SENDER IDENTITY](#).

CDS INTERCHANGE TEST INDICATOR

Change to Data Element: Changed Dataset

Format/Length: an1
National Codes:
Default Codes:

Notes:

[CDS INTERCHANGE TEST INDICATOR](#) indicates whether the Interchange is a production or test Interchange.

Permitted National Codes:

- | | |
|---|--|
| 1 | The whole Interchange contains Test data |
| | The whole Interchange contains Production data |

0
(zero)

Other The whole Interchange contains Production data
Blank
Null

Usage:

This optional test facility enables interchanges submitted to be marked and therefore processed as Test or Production data.

Whilst the data element is optional it is highly recommended that correct values be completed in the data.

On receipt of a Test Interchange, the processes are as follows:

- a) All normal validation processes will be carried out
- b) The Interchange data will not be entered into the [Secondary Uses Service](#) database

CDS XML Schema Interchanges:

All CDS XML Schema interchanges submitted may contain a [CDS INTERCHANGE TEST INDICATOR](#).

CDS INTERCHANGE TIME OF PREPARATION

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	
Default Codes:	

Notes:

[CDS INTERCHANGE TIME OF PREPARATION](#) is the time when the Commissioning Data Set Interchange data was created.

Usage:

[CDS INTERCHANGE TIME OF PREPARATION](#) is a mandatory data element when submitting Commissioning Data Set Interchanges.

CDS XML Schema Interchanges:

All CDS XML Schema interchanges submitted to the service must contain a [CDS INTERCHANGE TIME OF PREPARATION](#).

CDS MESSAGE REFERENCE

Change to Data Element: Changed Dataset

Format/Length:	an14
National Codes:	
Default Codes:	

Notes:

[CDS MESSAGE REFERENCE](#) is a mandatory data element and is a sequentially incremented number for each message within an interchange.

Usage:

For each message within an interchange the [CDS MESSAGE REFERENCE](#) is assigned to provide a unique identity (within an interchange). Although the data is configured in a 14 alpha-numeric format, a maximum value of 9999999 is permitted in the format of n7. Wrap around from 9999999 to 1 must be supported.

CDS MESSAGE TYPE

Change to Data Element: Changed Dataset

Format/Length:	an6
National Codes:	
Default Codes:	

Notes:

[CDS MESSAGE TYPE](#) is a recommended data element and should be used to indicate the type of message within a Commissioning Data Set Interchange.

Permitted National Codes:

NHSCDS	CDS Message
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Usage:

Commissioning Data Set XML Schema interchanges should only contain multiple message of the same [CDS MESSAGE TYPE](#).

CDS MESSAGE VERSION NUMBER

Change to Data Element: Changed Description, Dataset

Format/Length:	an8
National Codes:	
Default Codes:	

Notes:

[CDS MESSAGE VERSION NUMBER](#) is a mandatory data element in the Commissioning Data Set Message Header and reflects the version number of the CDS XML Schema in use. Message version numbers are updated as required during the on-going message development processes.

Permitted National Codes:

NHS003	The 2000 / 2001 Specification	
NHS004	The 2004 / 2005 CDS XML Specification	
NHS005	The 2005 / 2006 CDS XML Specification	For implementation of XML messaging in the Secondary Uses Service
CDS006	The 2007 CDS-XML Specification (CDS V6-0/6-1/6-1-1)	Note the change to the prefix CDS
CDS062		

~~The 2012 CDS XML Specification (CDS V6-2/6-2-1)~~ Note the change to the format which represents the sub-version identifier (version 6-2)

CDS062

The 2012 CDS XML Specification (CDS V6-2/6-2-1/6-2-2) Note the change to the format which represents the sub-version identifier (version 6-2)

Usage:

Interchanges must only contain CDS Messages of the same [CDS MESSAGE VERSION NUMBER](#) and each and every [CDS Type](#) must contain a [CDS MESSAGE VERSION NUMBER](#).

CDS PRIME RECIPIENT IDENTITY

Change to Data Element: Changed Dataset

Format/Length: an3 or an5

National Codes:

[ODS Default Codes](#): TDH00 - [Overseas Visitor](#) exempt from charges

Notes:

[CDS PRIME RECIPIENT IDENTITY](#) is the same as attribute [ORGANISATION CODE](#).

[CDS PRIME RECIPIENT IDENTITY](#) is the mandatory NHS [ORGANISATION CODE](#) (or valid [Organisation Data Service Default Code](#)) representing the [Organisation](#) determined to be the Commissioning Data Set Prime Recipient of the Commissioning Data Set Message as indicated in the [Commissioning Data Set Addressing Grid](#).

Usage:

The [CDS PRIME RECIPIENT IDENTITY](#) must be allocated on the first creation and submission of a [CDS Type](#) for a [PATIENT](#) and **must not change even if the [ADDRESS](#) or [ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) of the [PATIENT](#) changes during the lifetime of the Commissioning Data Set record** otherwise duplicate Commissioning Data Set data may be lodged in the [Secondary Uses Service](#) database.

[CDS PRIME RECIPIENT IDENTITY](#) is a mandatory data item crucial for the correct indexing of the database and must not be changed during the life of the associated Commissioning Data Set. It does not identify the first or most important recipient of data, i.e. there is no inference of primacy of one recipient over another.

[Organisation Data Service Default Codes](#) for [CDS PRIME RECIPIENT IDENTITIES](#) are detailed in the [Commissioning Data Set Addressing Grid](#).

Please note that the following [Organisation Data Service Default Codes](#) must not be used in the Commissioning Data Set (CDS) header because they are not default Commissioner codes:

- Q99 - High Level Health Geography/Primary Care Organisation of Residence Not Known
 - for the [CDS PRIME RECIPIENT IDENTITY](#), a valid [ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) must be reported
- X98 - Primary Care Organisation Not Applicable ([Overseas Visitors](#))
 - for the [CDS PRIME RECIPIENT IDENTITY](#), the [Commissioning Data Set Addressing Grid](#) confirms the correct code that should be reported for [Overseas Visitors](#) who are exempt from charges.

CDS PROTOCOL IDENTIFIER CODE

Change to Data Element: Changed Dataset

Format/Length:	an3
National Codes:	
Default Codes:	

Notes:

[CDS PROTOCOL IDENTIFIER CODE](#) is a code to identify the [Commissioning Data Set Submission Protocol](#) associated with the transaction.

Permitted National Codes:

- 010 Net Change Update Mechanism
(This is the recommended Protocol for Commissioning Data Set submissions)
- 020 Bulk Replacement Update Mechanism

CDS RECORD IDENTIFIER

Change to Data Element: Changed Description, Dataset

Format/Length:	an35
National Codes:	
Default Codes:	

Notes:

[CDS RECORD IDENTIFIER](#) may also be referred to as the [CDS-RID](#).

When exchanging Commissioning Data Set data, this is an optional data element and when used is a unique number generated by the sender and inserted into the Commissioning Data Set data to enable senders and recipients to be able to cross-match and uniquely identify each and every Commissioning Data Set record.

The [CDS RECORD IDENTIFIER](#) consists of the following components:

REF	RID COMPONENT	FORMAT	CODES / VALUES
4	CDS SENDER IDENTITY	an5	As generated in the CDS V6-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol or the CDS V6-2 Type 005N - CDS Transaction Header Group - Net Change Protocol
1	CDS SENDER IDENTITY	an5	As generated in the CDS V6-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol or the CDS V6-2 Type 005N - CDS Transaction Header Group - Net Change Protocol Or As generated in the CDS V6-2-1 Type 005B - CDS Transaction Header Group - Bulk Update Protocol or the CDS V6-2-1 Type 005N - CDS Transaction Header Group - Net Change Protocol Or

			As generated in the CDS V6-2-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol or the CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol
2	Not Used	an2	Set = Blank
3	CDS INTERCHANGE CONTROL REFERENCE	an14 (n7) *	As generated in the CDS V6-2 Type 001 - CDS Interchange Header
4	CDS MESSAGE REFERENCE	an14 (n7) *	As generated in the CDS V6-2 Type 003 - CDS Message Header

* This data item is configured as an14 format element, but a maximum value of 9999999 is permitted in the format of n7.

Usage:

The [CDS-RID](#) is an optional reference assigned to each record by the Commissioning Data Set sender to aid the identification and cross-referencing of data between the sender and the receiver(s) of the Commissioning Data Set data.

CDS XML Schema Interchanges:

The [CDS-RID](#) data element is carried in the CDS Message Header ([CDS V6-2 Type 003 - CDS Message Header](#)).

CDS REPORT PERIOD END DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[CDS REPORT PERIOD END DATE](#) defines the [End Date](#) (for the date range of the data being exchanged) for the Commissioning Data Set Bulk Replacement Update time period.

Usage:

[CDS REPORT PERIOD END DATE](#) is a mandatory data item when the Commissioning Data Set Bulk Replacement Update Mechanism is used. It is not required when the Commissioning Data Set Net Change Update Mechanism is used.

The [CDS REPORT PERIOD END DATE](#) must be a valid date and must not be before the [CDS REPORT PERIOD START DATE](#).

See the supporting information in the [Commissioning Data Set Submission Protocol](#) for further details.

CDS REPORT PERIOD START DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[CDS REPORT PERIOD START DATE](#) defines the [Start Date](#) (for the date range of the data being exchanged) for the Bulk Replacement Update time period.

Usage:

[CDS REPORT PERIOD START DATE](#) is a mandatory data item when the Commissioning Data Set Bulk Replacement Update Mechanism is used. It is not required when the Commissioning Data Set Net Change Update Mechanism is used.

The [CDS REPORT PERIOD START DATE](#) must be a valid date and cannot be after the [CDS REPORT PERIOD END DATE](#).

See the supporting information in the [Commissioning Data Set Submission Protocol](#) for further details.

CDS SENDER IDENTITY

Change to Data Element: Changed Dataset

Format/Length: an3 or an5

National Codes:

Default Codes:

Notes:

[CDS SENDER IDENTITY](#) is the mandatory NHS [ORGANISATION CODE](#) of the [Organisation](#) acting as the physical Sender of Commissioning Data Set submissions.

Usage:

The Commissioning Data Set sender must make sure that the Commissioning Data Set extraction and submission facilities and processes differentiate correctly between:

- The [ORGANISATION CODE \(CDS SENDER IDENTITY\)](#) as carried in the CDS Transaction Header Group for every Commissioning Data Set, and
- The [ORGANISATION CODE \(CODE OF PROVIDER\)](#) as carried in the Service Agreement details which are part of the Episode/Attendance details.

Once associated with the a Commissioning Data Set record and submitted to the [Secondary Uses Service](#), the [CDS SENDER IDENTITY](#) should not be changed unless great care is taken to delete the original Commissioning Data Set records before any resubmission is undertaken.

Usually, the [CDS SENDER IDENTITY](#) is never altered once assigned.

CDS TYPE CODE

Change to Data Element: Changed Description, Dataset

Format/Length: an3

National Codes:

Default Codes:

Notes:

[CDS TYPE CODE](#) is a code to identify the specific type of Commissioning Data Set data.

Permitted National Codes:

010	Accident and Emergency Attendance
011	Emergency Care Attendance *
020	Outpatient May also be used to submit a Referral To Treatment Clock Stop Administrative Event
021	Future Outpatient
030	Elective Admission List End of Period Census (Standard)
040	Elective Admission List End of Period Census (Old)
050	Elective Admission List End of Period Census (New)
060	Elective Admission List Event During Period (Add)
070	Elective Admission List Event During Period (Remove)
080	Elective Admission List Event During Period (Offer)
090	Elective Admission List Event During Period (Available/Unavailable)
100	Elective Admission List Event During Period (Old Service Agreement)
110	Elective Admission List Event During Period (New Service Agreement)
120	Finished Birth Episode
130	Finished General Episode
140	Finished Delivery Episode
150	Other Birth
160	Other Delivery
170	Detained and/or Long-Term Psychiatric Census
180	Unfinished Birth Episode
190	Unfinished General Episode
200	Unfinished Delivery Episode

~~* Note – National Code 'Emergency Care Attendance' is only valid for the [CDS V6-2-1 Type 005B – Commissioning Data Set Transaction Header Group – Bulk Update Protocol](#) and [CDS V6-2-1 Type 005N – Commissioning Data Set Transaction Header Group – Net Change Protocol](#)~~

* Note - National Code 'Emergency Care Attendance' is only valid for:

- [CDS V6-2-1 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#)
- [CDS V6-2-1 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#)
- [CDS V6-2-2 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#)
- [CDS V6-2-2 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol.](#)

CDS UNIQUE IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	an35
National Codes:	
Default Codes:	

Notes:

See the supporting information in the [Commissioning Data Set Submission Protocol](#).

A Commissioning Data Set data element providing a unique identity for the life-time of an episode carried in a Commissioning Data Set message.

Once assigned, a Commissioning Data Set record must retain its CDS UNIQUE IDENTIFIER otherwise duplicate Commissioning Data Set records may be generated and stored in the [Secondary Uses Service](#) database.

The [CDS UNIQUE IDENTIFIER](#) has three components. The recommended constructs are given below.

For All CDS Types EXCEPT the EAL CDS Types:

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	NHS Organisation Code Type	an1	A = Pre 1996 Organisation Code B = Post 1996 NHS Organisation Code	Mandatory For all CDS Types
2	Provider Code	an5	The NHS Organisation Code of the Provider at the time of, or at the start of, the period covered by the activity reported by the CDS Message.	Mandatory for all CDS Types
3a	Application Specific CDS Identity	an29	A code of up to 29 alpha-numeric characters generated by the Sender's application to uniquely identify the CDS within its CDS Type or family of CDS Types	Mandatory for all CDS Types Except for EAL CDS Types

For EAL End Of Period (EOP) CDS Types only:

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	NHS Organisation Code Type	an1	A = Pre 1996 Organisation Code B = Post 1996 NHS Organisation Code	Mandatory For all CDS Types
2	Provider Code	an5	The NHS Organisation Code of the Provider at the time of, or at the start of, the period covered by the activity reported by the CDS Message.	Mandatory for all CDS Types
3b	Application Specific CDS Identity	an9	A code of up to 9 alpha-numeric characters generated by the Sender's application to uniquely identify the EAL End Of period census CDS Types with the same Admission List Entry. Additional data positions must be left blank.	Mandatory for all EAL EOP CDS Types
3c	Filler	an20	Additional data positions must be left blank.	

For EAL Event During Period (EDP) CDS Types only:

REF	UID	FORMAT	CODES / VALUES	COMMENT
1	NHS Organisation Code Type	an1	A = Pre 1996 Organisation Code B = Post 1996 NHS Organisation Code	Mandatory For all CDS Types
2	Provider Code	an5	The NHS Organisation Code of the Provider at the time of, or at the start of, the period covered by the activity reported by the CDS Message.	Mandatory for all CDS Types
3d	Application Specific CDS Identity	an9	A code of up to 5 alpha-numeric characters padded with 4 trailing spaces to 9 characters . Generated by the Sender's application to uniquely identify the EAL Event During Period Census CDS Types with the same Admission List Entry.	Mandatory for all EAL EDP CDS Types
3e	Filler	an3	A code of 3 alpha-numeric characters generated by the Sender's application to identify the event within the EAL Entry. Even if the events are of different types, they must have different identifiers. .	Mandatory for all EAL EDP CDS Types
3f	Filler	an17	Additional data positions must be left blank.	

Usage:

See the supporting information in the [Commissioning Data Set Submission Protocol](#) for detailed information.

This is a mandatory data item when the Net Change Update Mechanism is used and strongly recommended for use with the Bulk Replacement Update Mechanism.

However it is strongly advised that users of the Bulk Replacement Mechanism maintain a correctly generated [CDS UNIQUE IDENTIFIER](#) within the Commissioning data. This will establish a migration path towards the use of the Net Change Mechanism and will also then minimise the risk of creating duplicate Commissioning Data Set data in the [Secondary Uses Service](#) database.

1. Note that senders of Commissioning Data Set data remain directly responsible for the integrity of the [CDS UNIQUE IDENTIFIER](#).
2. The first two components, the [ORGANISATION CODE TYPE](#) and the [ORGANISATION CODE \(CODE OF PROVIDER\)](#), are required for all [CDS Types](#).
3. It is a mandatory requirement for all submissions using the Net Change Update Mechanism that these two components are constructed correctly to ensure uniqueness of [CDS UNIQUE IDENTIFIERS](#) across the NHS.
4. The structure of 3b and 3c allows the EAL End of Period Census and the EAL Event During Period Census for the same EAL Entry to be linked.

There are circumstances in patient care application systems where the control of the UID key integrity may be suspect. These issues include:

- a) Episode deletion (not resulting in a Commissioning Data Set deletion of previously submitted data sent to the original Commissioner);
- b) Episode re-sequencing (not resulting in a corresponding Commissioning Data Set records being sent);
- c) Service agreement alterations not resulting in correct adjustments - Old Service Agreement deletion / New Service Agreement addition
- d) Re-admissions causing duplicate keys on the [Secondary Uses Service](#) database.

CDS UPDATE TYPE

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	
Default Codes:	

Notes:

[CDS UPDATE TYPE](#) is a code to indicate the required database update process for the submitted CDS Message.

Permitted National Codes:

1	To indicate a CDS Deletion or Cancellation
9	To indicate a CDS Original or Replacement

Usage:

[CDS UPDATE TYPE](#) is a mandatory data item when using the Net Change Update Mechanism. It is not required when using the Bulk Replacement Update Mechanism.

CLINICAL TRIAL IDENTIFIER

Change to Data Element: Changed Description, Dataset

Format/Length:	max an20
National Codes:	
Default Codes:	

Notes:

[CLINICAL TRIAL IDENTIFIER](#) is the same as attribute [CLINICAL TRIAL IDENTIFIER](#).

Use in the [CDS V6-2-1 Type 011 – Emergency Care Commissioning Data Set](#); Use in the [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set / CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#):

- The [CLINICAL TRIAL IDENTIFIER](#) must be recognised and registered with an [ORGANISATION](#) which is a Primary Registry in the [World Health Organisation International Clinical Trials Registry Platform](#).

- [CLINICAL TRIAL IDENTIFIER](#) is collected for a specified purpose at national level only and will not be available from the [Secondary Uses Service](#) for use by unauthorised [ORGANISATIONS](#) or individuals.

CODED CLINICAL ENTRY SEQUENCE NUMBER

Change to Data Element: Changed Description, Dataset

Format/Length:	max n5
Format/Length:	min n1 max n5
National Codes:	
Default Codes:	

Notes:

[CODED CLINICAL ENTRY SEQUENCE NUMBER](#) is the same as attribute [CODED CLINICAL ENTRY SEQUENCE NUMBER](#).

COMMISSIONER REFERENCE NUMBER

Change to Data Element: Changed Dataset

Format/Length:	an17
National Codes:	
Default Codes:	8 (left justified padded with spaces) - Not applicable 9 (left justified padded with spaces) - Not known

Notes:

[COMMISSIONER REFERENCE NUMBER](#) is the same as attribute [COMMISSIONER REFERENCE NUMBER](#).

COMMISSIONING SERIAL NUMBER

Change to Data Element: Changed Dataset

Format/Length:	an6
National Codes:	
Default Codes:	

Notes:

[COMMISSIONING SERIAL NUMBER](#) is the same as attribute [NHS SERVICE AGREEMENT NUMBER](#).

From 01/04/2001 this data item will be used to identify [PATIENTS](#) treated under [Non-Contract Activities](#). [NHS Trusts](#) and [NHS Foundation Trusts](#) are required to insert the letters 'OAT' (mandated input as capitals) in the first three characters of the [COMMISSIONING SERIAL NUMBER](#) field of the Admitted Patient Care Commissioning Data Set. The remaining three characters will continue to be defined locally, see [DSCN 17/2000](#).

From 01/04/2005 an '=' (equals) as the last significant character in this six character field will indicate an episode that should be excluded from the [National Tariff Payment System](#) tariff.

The position of the last character depends on any preceding characters eg 1st character if field is otherwise blank, 4th character if following 'OAT', up to a maximum of 6th position. This provides a

general exclusion facility for unusual circumstances or where more specific rules regarding coding in other fields cannot be implemented due to local software restrictions.

COMORBIDITY (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[COMORBIDITY \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[COMORBIDITY \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify comorbid conditions.

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Comorbid conditions for selection
- [Subset](#) 61071000000137
- [Refset](#) FSN: Comorbid conditions for selection simple reference set (foundation metadata concept)
- [Refset](#) Id: 991381000000107

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Comorbid conditions for selection](#).

DECIDED TO ADMIT DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[DECIDED TO ADMIT DATE](#) is the same as attribute [DECIDED TO ADMIT DATE](#).

[DECIDED TO ADMIT DATE](#) may be the same as the date of admission (e.g. most emergency admissions). Alternatively, a decision can be made to admit at a future date. This decision denotes that the [PATIENT](#) is intended to be admitted to a [Hospital Bed](#), either immediately or subsequently in the future. It records the event that a clinical [DECISION TO ADMIT](#) a [PATIENT](#) to a [Hospital Bed](#) has been made by or on behalf of someone, who has the right of admission to a [Hospital Provider](#).

The date will be different from the [ORIGINAL DECIDED TO ADMIT DATE](#) when the [PATIENT](#) has been transferred from another provider's list, or when the [PATIENT](#) has been admitted to hospital, discharged but not treated and is again placed on an [ELECTIVE ADMISSION LIST](#) with a new [DECISION TO ADMIT](#).

DECIDED TO ADMIT TIME

Change to Data Element: Changed Dataset

Format/Length: See [TIME](#)

National Codes:

Default Codes:

Notes:

[DECIDED TO ADMIT TIME](#) is the same as attribute [DECIDED TO ADMIT TIME](#).

DISEASE OUTBREAK NOTIFICATION

Change to Data Element: Changed Description, Dataset

Format/Length: max an20

National Codes:

Default Codes:

Notes:

[DISEASE OUTBREAK NOTIFICATION](#) is the same as attribute [PERSON OBSERVATION TEXT STRING](#).

~~[DISEASE OUTBREAK NOTIFICATION](#) is used in the [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set](#) to support collection of nationally-notifiable data relating to outbreaks of disease which are identified in [Emergency Care Departments](#).~~ [DISEASE OUTBREAK NOTIFICATION](#) is used in the [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set](#) / [CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#) to support collection of nationally-notifiable data relating to outbreaks of disease which are identified in [Emergency Care Departments](#). Where a [SNOMED CT CODE](#) is available, the [DISEASE OUTBREAK NOTIFICATION](#) field should contain this. If a [SNOMED CT CODE](#) is NOT available, then it is permissible to submit free-text detail of the disease.

[DISEASE OUTBREAK NOTIFICATION](#) is collected for a specified purpose at national level only and will not be available from the [Secondary Uses Service](#) for use by unauthorised [ORGANISATIONS](#) or individuals.

EMERGENCY CARE ACUITY (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length: See [SNOMED CT CODE](#)

National Codes:

Default Codes:

Notes:

[EMERGENCY CARE ACUITY \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE ACUITY \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to indicate the acuity of the [PATIENT](#)'s condition on the [Emergency Care Initial Assessment Date](#) and [Emergency Care Initial Assessment Time](#).

The [EMERGENCY CARE ACUITY \(SNOMED CT\)](#) may be determined by a formal triage process, or by the physical allocation of the [PATIENT](#) to a specific clinical area such as Resuscitation.

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care acuity
- [Subset](#) Original Id: 75071000000132
- [Refset](#) FSN: Emergency care acuity simple reference set (foundation metadata concept)
- [Refset](#) Id: 999003061000000107

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care acuity](#).

EMERGENCY CARE ARRIVAL DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE ARRIVAL DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Emergency Care Arrival Date](#)'.

EMERGENCY CARE ARRIVAL MODE (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE ARRIVAL MODE \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE ARRIVAL MODE \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify the transport mode by which the [PATIENT](#) arrived at the [Emergency Care Department](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care arrival mode
- [Subset](#) Original Id: 72101000000133
- [Refset](#) FSN: Emergency care arrival mode simple reference set (foundation metadata concept)
- [Refset](#) Id: 999002981000000107

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care arrival mode](#).

EMERGENCY CARE ARRIVAL TIME

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	

Default Codes:

Notes:

[EMERGENCY CARE ARRIVAL TIME](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Emergency Care Arrival Time](#)'.

EMERGENCY CARE ATTENDANCE CATEGORY

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See EMERGENCY CARE ATTENDANCE CATEGORY
Default Codes:	X - Not Applicable (PATIENT dead on arrival in Emergency Care Department)

Notes:

[EMERGENCY CARE ATTENDANCE CATEGORY](#) is the same as attribute [EMERGENCY CARE ATTENDANCE CATEGORY](#).

EMERGENCY CARE ATTENDANCE CONCLUSION DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE ATTENDANCE CONCLUSION DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Emergency Care Attendance Conclusion Date](#)'.

EMERGENCY CARE ATTENDANCE CONCLUSION TIME

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE ATTENDANCE CONCLUSION TIME](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Emergency Care Attendance Conclusion Time](#)'.

EMERGENCY CARE ATTENDANCE IDENTIFIER

Change to Data Element: Changed Description, Dataset

Format/Length:	max an12
Format/Length:	min an1 max an12
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE ATTENDANCE IDENTIFIER](#) is same as attribute [ACTIVITY IDENTIFIER](#).

[EMERGENCY CARE ATTENDANCE IDENTIFIER](#) is an identifier allocated by an [Emergency Care Department](#) to provide a unique identifier for each [Emergency Care Attendance](#).

EMERGENCY CARE ATTENDANCE SOURCE (SNOMED CT)

Change to Data Element: Changed Description, Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE ATTENDANCE SOURCE \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE ATTENDANCE SOURCE \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to indicate the source of an [Emergency Care Attendance](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care attendance source
- [Subset](#) Original Id: 75011000000136
- [Refset](#) FSN: Emergency care source of attendance findings simple reference set (foundation metadata concept)
- [Refset](#) Id: ~~999003041000000106~~
- [Refset](#) Id: 999002991000000109

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care attendance source](#).

EMERGENCY CARE ATTENDANCE SOURCE (SNOMED CT)

Change to Data Element: Changed Description, Dataset

- Changed Description
- null

EMERGENCY CARE CHIEF COMPLAINT (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE CHIEF COMPLAINT \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE CHIEF COMPLAINT \(SNOMED CT\)](#) is the [SNOMED CT®](#) concept ID which is used to indicate the nature of the [PATIENT](#)'s chief complaint as assessed by the [CARE PROFESSIONAL](#) first assessing the [PATIENT](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care presenting complaints or issues
- [Subset](#) Original Id: 63491000000132
- [Refset](#) FSN: Emergency care presenting complaints or issues simple reference set (foundation metadata concept)
- [Refset](#) Id: 991401000000107

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care presenting complaints or issues](#).

EMERGENCY CARE CLINICAL INVESTIGATION (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE CLINICAL INVESTIGATION \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE CLINICAL INVESTIGATION \(SNOMED CT\)](#) is the [SNOMED CT®](#) concept ID which is used to identify a [Clinical Investigation](#) performed while a [PATIENT](#) is under the care of an [Emergency Care Department](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care investigations
- [Subset](#) Original Id: 63541000000137
- [Refset](#) FSN: Emergency care investigations simple reference set (foundation metadata concept)
- [Refset](#) Id: 991261000000107

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care investigations](#).

EMERGENCY CARE DATE SEEN FOR TREATMENT

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DATE SEEN FOR TREATMENT](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Emergency Care Date Seen For Treatment](#)'.

EMERGENCY CARE DEPARTMENT TYPE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See EMERGENCY CARE DEPARTMENT TYPE
Default Codes:	

Notes:

[EMERGENCY CARE DEPARTMENT TYPE](#) is the same as attribute [EMERGENCY CARE DEPARTMENT TYPE](#).

EMERGENCY CARE DEPARTURE DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DEPARTURE DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Emergency Care Departure Date](#)'.

EMERGENCY CARE DEPARTURE TIME

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DEPARTURE TIME](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Emergency Care Departure Time](#)'.

EMERGENCY CARE DIAGNOSIS (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DIAGNOSIS \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE DIAGNOSIS \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify the [PATIENT DIAGNOSIS](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care diagnosis
- [Subset](#) 63481000000130
- [Refset](#) FSN: Emergency care diagnosis simple reference set (foundation metadata concept)
- [Refset](#) Id: 991411000000109

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care diagnosis](#).

EMERGENCY CARE DIAGNOSIS QUALIFIER (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DIAGNOSIS QUALIFIER \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE DIAGNOSIS QUALIFIER \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to express the level of certainty of a [PATIENT DIAGNOSIS](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care diagnosis qualifier
- [Subset](#) Original Id: 75021000000133
- [Refset](#) FSN: Emergency care diagnosis qualifier simple reference set (foundation metadata concept)
- [Refset](#) Id: 999003001000000108

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care diagnosis qualifier](#).

EMERGENCY CARE DISCHARGE DESTINATION (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DISCHARGE DESTINATION \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE DISCHARGE DESTINATION \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify the intended destination of the [PATIENT](#) following discharge from the [Emergency Care Department](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care discharge destination
- [Subset](#) Original Id: 75031000000130
- [Refset](#) FSN: Emergency care discharge destination simple reference set (foundation metadata concept)
- [Refset](#) Id: 999003011000000105

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care discharge destination](#).

EMERGENCY CARE DISCHARGE FOLLOW UP (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DISCHARGE FOLLOW UP \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE DISCHARGE FOLLOW UP \(SNOMED CT\)](#) is the [SNOMED CT®](#) concept ID which is used to identify the [SERVICE](#) to which a [PATIENT](#) was referred for continuing care following an [Emergency Care Attendance](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care follow-up procedures
- [Subset](#) Original Id: 63571000000134
- [Refset](#) FSN: Emergency care follow-up procedures simple reference set (foundation metadata concept)
- [Refset](#) Id: 991441000000105

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care follow-up procedures](#).

EMERGENCY CARE DISCHARGE INFORMATION GIVEN (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DISCHARGE INFORMATION GIVEN \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE DISCHARGE INFORMATION GIVEN \(SNOMED CT\)](#) is the [SNOMED CT®](#) concept ID which is used to identify whether a copy of a letter to their [GENERAL PRACTITIONER](#) has been printed and given to the [PATIENT](#) on discharge from an [Emergency Care Department](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care notification to general practitioner
- [Subset](#) Original Id: 63611000000139

- [Refset](#) FSN: Emergency care notification to general practitioner simple reference set (foundation metadata concept)
- [Refset](#) Id: 991241000000106

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care notification to general practitioner](#).

EMERGENCY CARE DISCHARGE STATUS (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE DISCHARGE STATUS \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE DISCHARGE STATUS \(SNOMED CT\)](#) is the [SNOMED CT®](#) concept ID which is used indicate the status of the [PATIENT](#) on discharge from an [Emergency Care Department](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care discharge status
- [Subset](#) Original Id: 75041000000135
- [Refset](#) FSN: Emergency care discharge status simple reference set (foundation metadata concept)
- [Refset](#) Id: 999003021000000104

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care discharge status](#).

EMERGENCY CARE INITIAL ASSESSMENT DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE INITIAL ASSESSMENT DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Emergency Care Initial Assessment Date](#)'.

EMERGENCY CARE INITIAL ASSESSMENT TIME

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE INITIAL ASSESSMENT TIME](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Emergency Care Initial Assessment Time](#)'.

EMERGENCY CARE INJURY ACTIVITY STATUS (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE INJURY ACTIVITY STATUS \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE INJURY ACTIVITY STATUS \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify the status of activity being undertaken by the [PATIENT](#) when the injury occurred.

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care injury activity status
- [Subset](#) Original Id: 75051000000137
- [Refset](#) FSN: Emergency care injury activity status simple reference set (foundation metadata concept)
- [Refset](#) Id: 999003031000000102

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care injury activity status](#).

EMERGENCY CARE INJURY ACTIVITY TYPE (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE INJURY ACTIVITY TYPE \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE INJURY ACTIVITY TYPE \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify the type of activity being undertaken by the [PERSON](#) at the moment the injury occurred.

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care injury activity type
- [Subset](#) Original Id: 63511000000138
- [Refset](#) FSN: Emergency care injury activity type simple reference set (foundation metadata concept)

- [Refset](#) Id: 1024501000000108

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care injury activity type](#).

EMERGENCY CARE INJURY ALCOHOL OR DRUG INVOLVEMENT (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE INJURY ALCOHOL OR DRUG INVOLVEMENT \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE INJURY ALCOHOL OR DRUG INVOLVEMENT \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify any drugs or alcohol used by the [PATIENT](#), which are thought likely to have contributed to the need to attend the [Emergency Care Department](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care drug or alcohol use related to injury
- [Subset](#) Original Id: 63781000000138
- [Refset](#) FSN: Emergency care drug or alcohol use related to injury simple reference set (foundation metadata concept)
- [Refset](#) Id: 991421000000103

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care drug or alcohol use related to injury](#).

EMERGENCY CARE INJURY INTENT (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE INJURY INTENT \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE INJURY INTENT \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify the most likely human intent in the occurrence of the injury or poisoning as assessed by the [CARE PROFESSIONAL](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care injury intent type
- [Subset](#) Original Id: 63531000000132

- [Refset](#) FSN: Emergency care injury intent type simple reference set (foundation metadata concept)
- [Refset](#) Id: 991431000000101

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care injury intent type](#).

EMERGENCY CARE INJURY MECHANISM (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE INJURY MECHANISM \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE INJURY MECHANISM \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify how an injury was caused.

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care mechanism of injury
- [Subset](#) Original Id: 63521000000130
- [Refset](#) FSN: Emergency care mechanism of injury simple reference set (foundation metadata concept)
- [Refset](#) Id: 991281000000103

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care mechanism of injury](#).

EMERGENCY CARE PLACE OF INJURY (LATITUDE)

Change to Data Element: Changed Dataset

Format/Length:	max n2.n6
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE PLACE OF INJURY \(LATITUDE\)](#) is the latitude of the [EMERGENCY CARE PLACE OF INJURY \(SNOMED CT\)](#), expressed in decimal degrees.

EMERGENCY CARE PLACE OF INJURY (LONGITUDE)

Change to Data Element: Changed Dataset

Format/Length:	max n3.n6
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE PLACE OF INJURY \(LONGITUDE\)](#) is the longitude of the [EMERGENCY CARE PLACE OF INJURY \(SNOMED CT\)](#), expressed in decimal degrees.

EMERGENCY CARE PLACE OF INJURY (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE PLACE OF INJURY \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE PLACE OF INJURY \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify the type of [LOCATION](#) at which the [PATIENT](#) was present when the injury occurred.

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care place of injury type
- [Subset](#) Original Id: 63731000000137
- [Refset](#) FSN: Emergency care place of injury type simple reference set (foundation metadata concept)
- [Refset](#) Id: 991291000000101

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care place of injury type](#).

EMERGENCY CARE PROCEDURE (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE PROCEDURE \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[EMERGENCY CARE PROCEDURE \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify a [Patient Procedure](#) performed while a [PATIENT](#) is under the care of an [Emergency Care Department](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care treatments
- [Subset](#) Original Id: 611000000135
- [Refset](#) FSN: Emergency care treatments simple reference set (foundation metadata concept)
- [Refset](#) Id: 991271000000100

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care treatments](#).

EMERGENCY CARE TIME SEEN FOR TREATMENT

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	
Default Codes:	

Notes:

[EMERGENCY CARE TIME SEEN FOR TREATMENT](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Emergency Care Time Seen For Treatment](#)'.

ETHNIC CATEGORY

Change to Data Element: Changed Dataset

Format/Length:	an2
NWDS ID:	PETH
NWDS Field Name:	Ethnic Category
ESR Field Name:	Ethnic Origin
National Codes:	See ETHNIC CATEGORY CODE
Default Codes:	99 - Not known*

Notes:

[ETHNIC CATEGORY](#) is the same as attribute [ETHNIC CATEGORY CODE](#).

The 16+1 ethnic data categories defined in the 2001 census is the national mandatory standard for the collection and analysis of ethnicity.

The national code must be transmitted as the first character in the 2 character field. The second character is optional for use locally. It must, however, be able to be grouped consistently with the 16 main categories.

National code Z should be used where the [PERSON](#) has been given the opportunity to state their [ETHNIC CATEGORY](#) but chose not to. Default code 99 should be used where the [PERSON](#)'s [ETHNIC CATEGORY](#) is not known.

*For the [Stop Smoking Services Quarterly Data Set](#) default code 99 'Not Known' is **NOT** valid.

EXPIRY DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[EXPIRY DATE \(MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION\)](#) is the same as attribute [PERSON PROPERTY EFFECTIVE END DATE](#).

[EXPIRY DATE \(MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION\)](#) is the [DATE](#) when a [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#) for a [PATIENT](#) expires.

EXPIRY TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION)

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	
Default Codes:	

Notes:

[END TIME \(MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION ASSIGNMENT PERIOD\)](#) is the same as attribute [PERSON PROPERTY EFFECTIVE END TIME](#).

[END TIME \(MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION ASSIGNMENT PERIOD\)](#) is the [TIME](#) when a [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION](#) for a [PATIENT](#) expires.

GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)

Change to Data Element: Changed Dataset

Format/Length:	an6
National Codes:	
ODS Default Codes :	V81997 - No Registered GP Practice
	V81998 - GP Practice Code not applicable
	V81999 - GP Practice Code not known

Notes:

[GENERAL MEDICAL PRACTICE CODE \(PATIENT REGISTRATION\)](#) is the same as attribute [ORGANISATION CODE](#).

The data for [GENERAL MEDICAL PRACTICE CODE \(PATIENT REGISTRATION\)](#) is supplied by the [NHS Prescription Services](#).

[GENERAL MEDICAL PRACTICE CODE \(PATIENT REGISTRATION\)](#) is the [ORGANISATION CODE](#) of the [GP Practice](#) that the [PATIENT](#) is registered with.

Use of [Organisation Data Service Default Codes](#)

- **V81997** should be used when a [PATIENT](#) presents, who is not currently registered at a [GP Practice](#), *but is eligible to be registered should they wish to*.
- **V81998** should be used where a [PATIENT](#) should not have a registered [GP Practice](#), due for instance to them having only recently entered the country.
- **V81999** should be used where it is not possible to determine a [PATIENT](#)'s registered [GP Practice](#) code, but it is known that they should have one, or where it is impossible to determine whether they should or shouldn't have a registered practice (for instance the [PATIENT](#) cannot communicate and is unidentified).

GENERAL MEDICAL PRACTITIONER (SPECIFIED)

Change to Data Element: Changed Dataset

Format/Length:	an8
National Codes:	
<u>ODS Default Codes:</u>	G9999998 - GENERAL MEDICAL PRACTITIONER PPD CODE not known
	G9999981 - GENERAL MEDICAL PRACTITIONER PPD CODE not applicable

Notes:

[GENERAL MEDICAL PRACTITIONER \(SPECIFIED\)](#) is the [GENERAL MEDICAL PRACTITIONER PPD CODE](#) of the [GENERAL MEDICAL PRACTITIONER](#) specified by the [PATIENT](#).

This [GENERAL MEDICAL PRACTITIONER](#) works within the [General Medical Practitioner Practice](#) with which the [PATIENT](#) is registered.

A [GENERAL MEDICAL PRACTITIONER](#) will have at least one of the following:

- [GENERAL MEDICAL COUNCIL REFERENCE NUMBER](#)
- [DOCTOR INDEX NUMBER](#)
- [GENERAL MEDICAL PRACTITIONER PPD CODE](#).

Ministry of Defence Doctors:

- If a Ministry of Defence Doctor **has** a [GENERAL MEDICAL PRACTITIONER PPD CODE](#), the [GENERAL MEDICAL PRACTITIONER PPD CODE](#) should be used
- If a Ministry of Defence Doctor **does not have** a [GENERAL MEDICAL PRACTITIONER PPD CODE](#), [Organisation Data Service Default Code](#) G9999981 '[GENERAL MEDICAL PRACTITIONER PPD CODE](#) not applicable' should be used.

INJURY DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[INJURY DATE](#) is the same as attribute [PERSON PROPERTY EFFECTIVE START DATE](#).

[INJURY DATE](#) is the [DATE](#) the [PATIENT](#) was injured.

Where this information cannot be obtained directly from the [PATIENT](#) (or [Patient Proxy](#)), the [INJURY DATE](#) should be estimated.

INJURY TIME

Change to Data Element: Changed Dataset

--

Format/Length: See [TIME](#)
National Codes:
Default Codes:

Notes:

[INJURY TIME](#) is the same as attribute [PERSON PROPERTY EFFECTIVE START TIME](#).

[INJURY TIME](#) is the [TIME](#) the [PATIENT](#) was injured.

Where this information cannot be obtained directly from the [PATIENT](#) (or [Patient Proxy](#)), the [INJURY TIME](#) should be estimated.

INTERPRETER LANGUAGE (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length: See [SNOMED CT CODE](#)
National Codes:
Default Codes:

Notes:

[INTERPRETER LANGUAGE \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[INTERPRETER LANGUAGE \(SNOMED CT\)](#) is the [SNOMED CT](#)[®] concept ID which is used to record the [LANGUAGE](#) of the interpreter required by the [PERSON](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Interpreter type findings
- [Subset](#) Original Id: 63651000000135
- [Refset](#) FSN: Interpreter type findings simple reference set
- [Refset](#) Id: 991231000000102

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Interpreter type findings](#).

LOCAL PATIENT IDENTIFIER (EXTENDED)

Change to Data Element: Changed Dataset

Format/Length: max an20
National Codes:
Default Codes:

Notes:

[LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#) is the same as attribute [LOCAL PATIENT IDENTIFIER](#).

[LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#) is used where IT systems have a [LOCAL PATIENT IDENTIFIER](#) which is longer than 10 characters and [LOCAL PATIENT IDENTIFIER](#) cannot be used for data submission.

For the [Cancer Outcomes and Services Data Set](#), [LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#) can be recorded as well as or instead of [NHS NUMBER](#) as part of a [Cancer Care Spell](#).

MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE
Default Codes:	98 - Not Applicable 99 - Not Known

Notes:

[MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) is the same as attribute [MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#).

[MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION CODE](#) is required for all [PATIENTS](#) who have a [Hospital Provider Spell](#) which includes the care of a [CONSULTANT](#) in the psychiatric specialties or have been discharged from such a [Hospital Provider Spell](#) and are required to receive supervised aftercare under the provisions of the Mental Health (Patients in the Community) Act 1995.

NHS NUMBER

Change to Data Element: Changed Dataset

Format/Length:	n10
National Codes:	
Default Codes:	

Notes:

[NHS NUMBER](#) is the same as attribute [NHS NUMBER](#).

For the [AIDC for Patient Identification Data Set](#), [NHS NUMBER](#) must be displayed in accordance with the [NHS Common User Interface Information Standard - NHS Number Input and Display \(ISB 1504\)](#).

For the [Cancer Outcomes and Services Data Set](#), [NHS NUMBER](#) can be recorded as well as or instead of [LOCAL PATIENT IDENTIFIER \(EXTENDED\)](#) as part of a [Cancer Care Spell](#).

NHS NUMBER STATUS INDICATOR CODE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	
Default Codes:	

Notes:

[NHS NUMBER STATUS INDICATOR CODE](#) is the trace status of the [NHS NUMBER](#).

Permitted National Codes:

- 01 Number present and verified
- 02 Number present but not traced
- 03 Trace required
- 04 Trace attempted - No match or multiple match found
- 05 Trace needs to be resolved - (NHS Number or [PATIENT](#) detail conflict)
- 06 Trace in progress
- 07 Number not present and trace not required
- 08 Trace postponed (baby under six weeks old)

NHS SERVICE AGREEMENT LINE NUMBER

Change to Data Element: Changed Dataset

Format/Length:	an10
National Codes:	
Default Codes:	

Notes:

[NHS SERVICE AGREEMENT LINE NUMBER](#) is the same as attribute [NHS SERVICE AGREEMENT LINE NUMBER](#).

The [NHS SERVICE AGREEMENT LINE NUMBERS](#) may be used to identify a specific [NHS SERVICE AGREEMENT](#) reference where the main identifier refers to a general omnibus agreement.

ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
ODS Default Codes:	VPP00 - Private PATIENTS / Overseas Visitor liable for charge XMD00 - Commissioner Code for Ministry of Defence (MoD) Healthcare YDD82 - Episodes funded directly by the National Commissioning Group for England (Retired September 2018)

Notes:

[ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) commissioning health care.

For [Commissioning Data Sets](#), the [ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#) should always be the [ORGANISATION IDENTIFIER](#) of the original commissioner to support the [National Tariff Payment System](#).

The [NHS England](#) document "[Who pays? Determining responsibility for payments to providers](#)" sets out a framework for establishing responsibility for commissioning an individual's care within the NHS, (i.e. determining who pays for a [PATIENT](#)'s care.)

The document includes information on the following:

- General Rules
- Applying the rules to [Clinical Commissioning Group](#) and [NHS England](#) commissioned services
- Exceptions to the general rules
- Examples to help clarify the boundaries of responsibility between commissioning [Organisations](#).

For further information on this document contact [NHS England](#) at "[Contact us](#)".

Where [NHS England](#) is the responsible commissioner for a specialised [SERVICE](#), based on the [NHS England Commissioner Assignment Method \(CAM\)](#), one of the [Specialised Commissioning Hub ORGANISATION IDENTIFIERS](#) should be used depending on which [Health Care Provider](#) delivered the [SERVICE](#), e.g. [NHS Trust](#), [Independent Sector Healthcare Provider](#).

The [NHS Digital](#) website provides a mapping list of which [Health Care Providers](#) map to which [Specialised Commissioning Hub](#). The mapping can be found on the [Organisation Data Service](#) web pages at: [Provider to Commissioning Hub Mapping](#).

[ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) will be replaced with [ORGANISATION IDENTIFIER \(CODE OF COMMISSIONER\)](#), when it has been approved for use in national information standards.

ORGANISATION IDENTIFIER (CODE OF PROVIDER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an6
National Codes:	
ODS Default Codes :	89997 - Non-UK provider where no ORGANISATION IDENTIFIER has been issued
	89999 - Non-NHS UK provider where no ORGANISATION IDENTIFIER has been issued

Notes:

[ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#) is the same as the attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) acting as a [Health Care Provider](#).

For [Commissioning Data Sets](#), the [ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#) should always be the [ORGANISATION IDENTIFIER](#) of the [Health Care Provider](#) receiving the [National Tariff Payment System](#) income.

[ORGANISATION CODE \(CODE OF PROVIDER\)](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

[ORGANISATION CODE \(CODE OF PROVIDER\)](#) will be replaced with [ORGANISATION IDENTIFIER \(CODE OF PROVIDER\)](#), when it has been approved for use in national information standards.

ORGANISATION IDENTIFIER (CONVEYING AMBULANCE TRUST)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	

Notes:

[ORGANISATION IDENTIFIER \(CONVEYING AMBULANCE TRUST\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(CONVEYING AMBULANCE TRUST\)](#) is the [ORGANISATION IDENTIFIER](#) of an [Ambulance Service](#) which conveys a [PATIENT](#) on a [PATIENT TRANSPORT JOURNEY](#). A [PATIENT JOURNEY NUMBER](#) and [AMBULANCE INCIDENT NUMBER](#) may be recorded for the [PATIENT TRANSPORT JOURNEY](#).

[ORGANISATION CODE \(CONVEYING AMBULANCE TRUST\)](#) will be replaced with [ORGANISATION IDENTIFIER \(CONVEYING AMBULANCE TRUST\)](#), when it has been approved for use in national information standards.

ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	

Notes:

[ORGANISATION IDENTIFIER \(LOCAL PATIENT IDENTIFIER\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(LOCAL PATIENT IDENTIFIER\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) that assigned the [LOCAL PATIENT IDENTIFIER](#).

[ORGANISATION CODE \(LOCAL PATIENT IDENTIFIER\)](#) will be replaced with [ORGANISATION IDENTIFIER \(LOCAL PATIENT IDENTIFIER\)](#), when it has been approved for use in national information standards.

ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	

Notes:

[ORGANISATION IDENTIFIER \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) issuing the [PATIENT PATHWAY IDENTIFIER](#).

Where [Choose and Book](#) has been used, the [ORGANISATION IDENTIFIER](#) X09 should be used.

Use in Commissioning Data Set version 6-0 onwards

If the Commissioning Data Set record relates to a [Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement](#), and is of the following Commissioning Data Set Types:

- [CDS V6-2 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 030 - Elective Admission List - End of Period Census \(Standard\) Commissioning Data Set](#)
- [CDS V6-2 Type 060 - Elective Admission List - Event During Period \(Add\) Commissioning Data Set](#)
- [CDS V6-2 Type 070 - Elective Admission List - Event During Period \(Remove\) Commissioning Data Set](#)
- [CDS V6-2 Type 080 - Elective Admission List - Event During Period \(Offer\) Commissioning Data Set](#)

then [ORGANISATION CODE \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) must be present in the Commissioning Data Set PATIENT PATHWAY Data Group.

[ORGANISATION CODE \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) will be replaced with [ORGANISATION IDENTIFIER \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#), when it has been approved for use in national information standards.

ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
ODS Default Codes:	Q99 - High Level Health Geography/Primary Care Organisation of Residence Not Known Note: This code must not be used in the Commissioning Data Set header. It is not a default commissioner code. X98 - Primary Care Organisation Not Applicable (Overseas Visitors) Note: this code must not be used in the Commissioning Data Set (CDS) header. It is not a default Commissioner code.

Notes:

[ORGANISATION IDENTIFIER \(RESIDENCE RESPONSIBILITY\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(RESIDENCE RESPONSIBILITY\)](#) is the [ORGANISATION IDENTIFIER](#) derived from the [PATIENT's](#) [POSTCODE OF USUAL ADDRESS](#), where they reside within the boundary of a:

- [Clinical Commissioning Group](#)
- [Care Trust](#)
- [Local Health Board \(Wales\)](#)
- [Scottish Health Board](#)
- [Northern Ireland Local Commissioning Group](#): *Guidance on the use of Northern Ireland codes can be found in [Data Set Change Notice 19/2009](#)*
- [Primary Healthcare Directorate \(Isle of Man\)](#)
- [Local Authority](#).

For [PATIENTS](#) who are [Overseas Visitors: Organisation Data Service Default Code](#) X98 'Primary Care Organisation Not Applicable ([Overseas Visitors](#))' should be reported.

Note: A review of [Organisation Data Service Default Codes](#) is planned to be carried out and this default code will be updated as part of that.

For the purposes of sending Commissioning Data Set messages to the [Secondary Uses Service](#) (regardless of how local systems hold the data), it is essential at present to continue using a 3 character field, using the first 3 characters of the [ORGANISATION IDENTIFIER \(RESIDENCE RESPONSIBILITY\)](#) and following the same update rules relating to Prime Recipient as are currently in place. This is necessary, primarily to preserve the integrity of the current Commissioning Data Set message and the [CDS PRIME RECIPIENT IDENTITY](#) which is derived from the [ORGANISATION IDENTIFIER \(RESIDENCE RESPONSIBILITY\)](#).

[ORGANISATION CODE \(RESIDENCE RESPONSIBILITY\)](#) will be replaced with [ORGANISATION IDENTIFIER \(RESIDENCE RESPONSIBILITY\)](#), when it has been approved for use in national information standards.

ORGANISATION SITE IDENTIFIER (DISCHARGE FROM EMERGENCY CARE)

Change to Data Element: Changed Dataset

Format/Length:	min an5 max an9
National Codes:	
ODS Default Codes :	89999 - Non-NHS UK Provider where no ORGANISATION IDENTIFIER has been issued
	89997 - Non-UK Provider where no ORGANISATION IDENTIFIER has been issued

Notes:

[ORGANISATION SITE IDENTIFIER \(DISCHARGE FROM EMERGENCY CARE\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION SITE IDENTIFIER \(DISCHARGE FROM EMERGENCY CARE\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation Site](#) to which a [PATIENT](#) is discharged following an [Emergency Care Attendance](#).

ORGANISATION SITE IDENTIFIER (EMERGENCY CARE ATTENDANCE SOURCE)

Change to Data Element: Changed Dataset

Format/Length:	min an5 max an9
National Codes:	
ODS Default Codes :	

89999 - Non-NHS UK Provider where no [ORGANISATION IDENTIFIER](#) has been issued
89997 - Non-UK Provider where no [ORGANISATION IDENTIFIER](#) has been issued

Notes:

[ORGANISATION SITE IDENTIFIER \(EMERGENCY CARE ATTENDANCE SOURCE\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION SITE IDENTIFIER \(EMERGENCY CARE ATTENDANCE SOURCE\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation Site](#) from which a [PATIENT](#) arrived at an [Emergency Care Department](#).

ORGANISATION SITE IDENTIFIER (OF TREATMENT)

Change to Data Element: Changed Dataset

Format/Length:	min an5 max an9
National Codes:	
ODS Default Codes:	R9998 - Not a hospital site 89999 - Non-NHS UK Provider where no ORGANISATION IDENTIFIER has been issued 89997 - Non-UK Provider where no ORGANISATION IDENTIFIER has been issued

Notes:

[ORGANISATION SITE IDENTIFIER \(OF TREATMENT\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION SITE IDENTIFIER \(OF TREATMENT\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation Site](#) where the [PATIENT](#) was treated, i.e. it should enable the treating [Organisation](#) to be identified.

[ORGANISATION SITE IDENTIFIER \(OF TREATMENT\)](#) identifies the [Organisation Site](#) within the [Organisation](#) on which the [PATIENT](#) was treated, since facilities may vary on different hospital sites.

The code recorded should always be the national code; if the treatment is sub-commissioned to another NHS [Health Care Provider](#) or an independent UK provider, the [ORGANISATION SITE IDENTIFIER \(OF TREATMENT\)](#) used should be the [ORGANISATION IDENTIFIER](#) of the [Health Care Provider](#) actually carrying out the work.

Where treatment is sub-commissioned to an overseas provider the [Organisation Data Service Default Code](#) 89997 'Non-UK Provider where no [ORGANISATION IDENTIFIER](#) has been issued' is applicable.

Each [Organisation](#) has a unique [ORGANISATION IDENTIFIER](#). However, where an [Organisation](#) has more than one site from which it provides [SERVICES](#), then each site is uniquely identified. These sites are [Organisation Sites](#) and are uniquely identified by an [ORGANISATION IDENTIFIER](#).

For out-patients, [ACTIVITY](#) may take place outside the hospital, such as in the [PATIENT'S](#) home; in such cases, raising a site code is impractical. Therefore, code R9998 'Not a hospital site' would be used in these circumstances.

Note: [LOCATION CLASS](#) is used in the Commissioning Data Set (CDS) message to indicate the classification of the physical [LOCATION](#) within which the [ACTIVITY](#) occurred.

Use in the Future Outpatient CDS:

If the [INTENDED SITE CODE \(OF TREATMENT\)](#) is not known, this data element should be omitted.

[SITE CODE \(OF TREATMENT\)](#) will be replaced with [ORGANISATION SITE IDENTIFIER \(OF TREATMENT\)](#), when it has been approved for use in national information standards.

OVERSEAS VISITOR CHARGING CATEGORY AT CDS ACTIVITY DATE

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See OVERSEAS VISITOR CHARGING CATEGORY
Default Codes:	9 - OVERSEAS VISITOR CHARGING CATEGORY Not Known (Not Recorded) *
	X - Not Known (Decision pending on OVERSEAS VISITOR CHARGING CATEGORY) **

Notes:

[OVERSEAS VISITOR CHARGING CATEGORY AT CDS ACTIVITY DATE](#) is the same as attribute [OVERSEAS VISITOR CHARGING CATEGORY](#), recorded at the [CDS ACTIVITY DATE](#).

[OVERSEAS VISITOR STATUS](#) information must be collected in accordance with the [Overseas Visitor Charging Category Information Standard: DCB3017](#).

Notes:

- * Default Code 9 '[OVERSEAS VISITOR CHARGING CATEGORY](#) Not Known (Not Recorded)' is **NOT** valid for [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set](#)
- ** Default Code X '[Not Known \(Decision pending on OVERSEAS VISITOR CHARGING CATEGORY\)](#)' is **ONLY** valid for [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set](#).

PATIENT NAME

Change to Data Element: Changed Dataset

Format/Length:	max an70
National Codes:	
Default Codes:	

Notes:

[PATIENT NAME](#) is the [PERSON NAME](#) where the [PERSON NAME CLASSIFICATION](#) is '*Preferred Name*' of the [PATIENT](#).

[NAME FORMAT CODE](#) indicates whether it is a [PERSON NAME STRUCTURED](#) or [PERSON NAME UNSTRUCTURED](#).

The [PATIENT](#)'s name and address should be withheld from any commissioning data that contains a valid [NHS NUMBER](#). See [Security Issues and Patient Confidentiality](#) for more details.

PATIENT PATHWAY IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length: an20

National Codes:

Default Codes:

Notes:

[PATIENT PATHWAY IDENTIFIER](#) is the same as [PATIENT PATHWAY IDENTIFIER](#).

Use in Commissioning Data Set version 6-0 onwards

If the Commissioning Data Set record relates to a [Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement](#), and is of the following Commissioning Data Set Types:

- [CDS V6-2 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 030 - Elective Admission List - End of Period Census \(Standard\) Commissioning Data Set](#)
- [CDS V6-2 Type 060 - Elective Admission List - Event During Period \(Add\) Commissioning Data Set](#)
- [CDS V6-2 Type 070 - Elective Admission List - Event During Period \(Remove\) Commissioning Data Set](#)
- [CDS V6-2 Type 080 - Elective Admission List - Event During Period \(Offer\) Commissioning Data Set](#)

then either [UNIQUE BOOKING REFERENCE NUMBER \(CONVERTED\)](#) or [PATIENT PATHWAY IDENTIFIER](#) must be present in the Commissioning Data Set PATIENT PATHWAY Data Group.

PATIENT USUAL ADDRESS

Change to Data Element: Changed Dataset

Format/Length: an175 (5 lines each an35)

National Codes:

Default Codes:

Notes:

[PATIENT USUAL ADDRESS](#) is the usual [ADDRESS](#) nominated by the [PATIENT](#), where the [ADDRESS ASSOCIATION TYPE](#) is 'Main Permanent Residence' or 'Other Permanent Residence'.

For Commissioning Data Set functionality see [ADDRESS FORMAT CODE](#).

If [PATIENTS](#) usually resident elsewhere are staying in hotels, hostels or other residential establishments for a short term, say a week, they should be recorded as staying at their usual place of residence. However if long term, such as at boarding school, the school [ADDRESS](#) must be recorded. University students may nominate either their home [ADDRESS](#) or the [ADDRESS](#) of their university accommodation.

Where [PATIENTS](#) are not capable of supplying this information, because of age or mental illness, for example, then the [PERSON](#) responsible for the [PATIENT](#), such as a parent or guardian, should nominate the usual address.

[PATIENTS](#) not able to provide an [ADDRESS](#) should be asked for their most recent [ADDRESS](#). If this cannot be established, record the [ADDRESS](#) as 'No fixed abode' or 'Address unknown'. These [PATIENTS](#) are regarded as resident in the local geographical district for commissioning purposes.

For birth episodes this should refer to the mother's usual place of residence.

The format of 5 lines of an35 conforms to [ADDRESS FORMAT TYPE](#) 'Unstructured Format'. The format refers to the physical layout of the address, not the logical layout, and does not require intelligent intervention when splitting the text string into lines. For example:

Flat 1, 21 Arbutnott Avenue, Pollo (35 chars)
k Estate, Lesser Hinkley, Staffords (35 chars)
hire (4 chars)

The [PATIENT](#)'s name and [ADDRESS](#) should be withheld from any commissioning record which contains a valid [NHS NUMBER](#).

PERSON BIRTH DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
NWDS ID:	PEBD
NWDS Field Name:	Date of Birth
National Codes:	
Default Codes:	

Notes:

[PERSON BIRTH DATE](#) is the same as attribute [PERSON BIRTH DATE](#).

PERSON STATED GENDER CODE

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See PERSON STATED GENDER CODE
Default Codes:	X - Not Known (PERSON STATED GENDER CODE not recorded)

Notes:

[PERSON STATED GENDER CODE](#) is the same as attribute [PERSON STATED GENDER CODE](#).

[PERSON GENDER CODE CURRENT](#) will be replaced with [PERSON STATED GENDER CODE](#) or [PERSON PHENOTYPIC SEX](#), which is the most recent approved national information standard to describe the required definition.

POSTCODE OF USUAL ADDRESS

Change to Data Element: Changed Dataset

Format/Length:	See POSTCODE
National Codes:	
Default Codes:	

Notes:

[POSTCODE OF USUAL ADDRESS](#) is the same as data element [POSTCODE](#).

[POSTCODE OF USUAL ADDRESS](#) is the [POSTCODE](#) of the [ADDRESS](#) nominated by the [PATIENT](#) where the [ADDRESS ASSOCIATION TYPE](#) is 'Main Permanent Residence' or 'Other Permanent Residence'.

PREFERRED SPOKEN LANGUAGE (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[PREFERRED SPOKEN LANGUAGE \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[PREFERRED SPOKEN LANGUAGE \(SNOMED CT\)](#) is the [SNOMED CT](#)[®] concept ID which is used to capture the preferred spoken [LANGUAGE](#) of the [PERSON](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Preferred spoken language findings
- [Subset](#) Original Id: 58761000000134
- [Refset](#) FSN: Preferred spoken language findings simple reference set
- [Refset](#) Id: 991181000000109

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Preferred spoken language findings](#).

PROCEDURE DATE (EMERGENCY CARE CLINICAL INVESTIGATION)

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[PROCEDURE DATE \(EMERGENCY CARE CLINICAL INVESTIGATION\)](#) is the same as data element [PROCEDURE DATE](#).

[PROCEDURE DATE \(EMERGENCY CARE CLINICAL INVESTIGATION\)](#) is the [DATE](#) a [Clinical Investigation](#) was performed during an [Emergency Care Attendance](#).

PROCEDURE DATE (EMERGENCY CARE PROCEDURE)

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[PROCEDURE DATE \(EMERGENCY CARE PROCEDURE\)](#) is the same as data element [PROCEDURE DATE](#).

[PROCEDURE DATE \(EMERGENCY CARE PROCEDURE\)](#) is the [DATE](#) a [Patient Procedure](#) was performed during an [Emergency Care Attendance](#).

PROCEDURE TIME (EMERGENCY CARE CLINICAL INVESTIGATION)

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	
Default Codes:	

Notes:

[PROCEDURE TIME \(EMERGENCY CARE CLINICAL INVESTIGATION\)](#) is the same as data element [PROCEDURE TIME](#).

[PROCEDURE TIME \(EMERGENCY CARE CLINICAL INVESTIGATION\)](#) is the [TIME](#) a [Clinical Investigation](#) was performed during an [Emergency Care Attendance](#).

PROCEDURE TIME (EMERGENCY CARE PROCEDURE)

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	
Default Codes:	

Notes:

[PROCEDURE TIME \(EMERGENCY CARE PROCEDURE\)](#) is the same as data element [PROCEDURE TIME](#).

[PROCEDURE TIME \(EMERGENCY CARE PROCEDURE\)](#) is the [TIME](#) a [Patient Procedure](#) was performed during an [Emergency Care Attendance](#).

PROFESSIONAL REGISTRATION ENTRY IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	max an32
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NWDS ID: EPRN
NWDS Field Name: Professional Registration Number
National Codes:
Default Codes:

Notes:

[PROFESSIONAL REGISTRATION ENTRY IDENTIFIER](#) is the same as attribute [PROFESSIONAL REGISTRATION ENTRY IDENTIFIER](#).

PROFESSIONAL REGISTRATION ISSUER CODE

Change to Data Element: Changed Description, Dataset

Format/Length: an2
National Codes:
Default Codes:

Notes:

[PROFESSIONAL REGISTRATION ISSUER CODE](#) is the same as attribute [PROFESSIONAL REGISTRATION BODY CODE](#) but only the following National Codes are permitted:

Permitted National Codes:

- 02 [General Dental Council](#)
- 03 [General Medical Council](#)
- 04 [General Optical Council](#) *
- 08 [Health and Care Professions Council](#)
- 09 [Nursing and Midwifery Council](#)

*Note that National Code 04 -'[General Optical Council](#)' is only valid for [CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#) and must not be submitted in other [Commissioning Data Set](#) versions.

PROVIDER REFERENCE NUMBER

Change to Data Element: Changed Dataset

Format/Length: an17
National Codes:
Default Codes:

Notes:

[PROVIDER REFERENCE NUMBER](#) is a number convention agreed locally between a provider and Commissioner for use within a Commissioning Data Set message.

REFERRAL TO TREATMENT PERIOD END DATE

Change to Data Element: Changed Dataset

Format/Length: See [DATE](#)
National Codes:
Default Codes:

Notes:

[REFERRAL TO TREATMENT PERIOD END DATE](#) is the same as attribute [REFERRAL TO TREATMENT PERIOD END DATE](#).

Use in Commissioning Data Set version 6-0 onwards

If the Commissioning Data Set record relates to a [Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement](#), and is of the following Commissioning Data Set Types:

- [CDS V6-2 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 030 - Elective Admission List - End of Period Census \(Standard\) Commissioning Data Set](#)
- [CDS V6-2 Type 060 - Elective Admission List - Event During Period \(Add\) Commissioning Data Set](#)
- [CDS V6-2 Type 070 - Elective Admission List - Event During Period \(Remove\) Commissioning Data Set](#)
- [CDS V6-2 Type 080 - Elective Admission List - Event During Period \(Offer\) Commissioning Data Set](#)

then [REFERRAL TO TREATMENT PERIOD END DATE](#) must be present in the Commissioning Data Set PATIENT PATHWAY Data Group, where the [REFERRAL TO TREATMENT PERIOD](#) has ended.

REFERRAL TO TREATMENT PERIOD START DATE

Change to Data Element: Changed Dataset

Format/Length: See [DATE](#)

National Codes:

Default Codes:

Notes:

[REFERRAL TO TREATMENT PERIOD START DATE](#) is the same as attribute [REFERRAL TO TREATMENT PERIOD START DATE](#).

Use in Commissioning Data Set version 6-0 onwards

If the Commissioning Data Set record relates to a [Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement](#), and is of the following Commissioning Data Set Types:

- [CDS V6-2 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 030 - Elective Admission List - End of Period Census \(Standard\) Commissioning Data Set](#)
- [CDS V6-2 Type 060 - Elective Admission List - Event During Period \(Add\) Commissioning Data Set](#)

- [CDS V6-2 Type 070 - Elective Admission List - Event During Period \(Remove\) Commissioning Data Set](#)
- [CDS V6-2 Type 080 - Elective Admission List - Event During Period \(Offer\) Commissioning Data Set](#)

then [REFERRAL TO TREATMENT PERIOD START DATE](#) must be present in the Commissioning Data Set PATIENT PATHWAY Data Group.

REFERRAL TO TREATMENT PERIOD STATUS

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See REFERRAL TO TREATMENT PERIOD STATUS
Default Codes:	

Notes:

[REFERRAL TO TREATMENT PERIOD STATUS](#) is the same as attribute [REFERRAL TO TREATMENT PERIOD STATUS](#).

Use in Commissioning Data Set version 6-0 onwards

If the Commissioning Data Set record relates to a [Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement](#), and is of the following Commissioning Data Set Types:

- [CDS V6-2 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 030 - Elective Admission List - End of Period Census \(Standard\) Commissioning Data Set](#)
- [CDS V6-2 Type 060 - Elective Admission List - Event During Period \(Add\) Commissioning Data Set](#)
- [CDS V6-2 Type 070 - Elective Admission List - Event During Period \(Remove\) Commissioning Data Set](#)
- [CDS V6-2 Type 080 - Elective Admission List - Event During Period \(Offer\) Commissioning Data Set](#)

then [REFERRAL TO TREATMENT PERIOD STATUS](#) must be present in the Commissioning Data Set PATIENT PATHWAY Data Group.

REFERRED TO SERVICE (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	
Default Codes:	

Notes:

[REFERRED TO SERVICE \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[REFERRED TO SERVICE \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify the [SERVICE](#) to which a [PATIENT](#) was referred for admission or opinion by the treating [CARE PROFESSIONAL](#).

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Emergency care referral procedures
- [Subset](#) Original Id: 63501000000135
- [Refset](#) FSN: Emergency care referral procedures simple reference set (foundation metadata concept)
- [Refset](#) Id: 991451000000108

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Emergency care referral procedures](#).

REFERRED TO SERVICE ASSESSMENT DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

[REFERRED TO SERVICE ASSESSMENT DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) '[Clinical Intervention Date](#)'.

[REFERRED TO SERVICE ASSESSMENT DATE](#) is the [DATE](#) a [PATIENT](#) was assessed by a [CARE PROFESSIONAL](#) from a [SERVICE](#) which a [PATIENT](#) has been referred to.

REFERRED TO SERVICE ASSESSMENT TIME

Change to Data Element: Changed Dataset

Format/Length:	See TIME
National Codes:	
Default Codes:	

Notes:

[REFERRED TO SERVICE ASSESSMENT TIME](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) '[Clinical Intervention Time](#)'.

[REFERRED TO SERVICE ASSESSMENT TIME](#) is the [TIME](#) a [PATIENT](#) was assessed by a [CARE PROFESSIONAL](#) from a [SERVICE](#) which a [PATIENT](#) has been referred to.

SAFEGUARDING CONCERN (SNOMED CT)

Change to Data Element: Changed Dataset

Format/Length:	See SNOMED CT CODE
National Codes:	

Default Codes:

Notes:

[SAFEGUARDING CONCERN \(SNOMED CT\)](#) is the same as attribute [CLINICAL TERMINOLOGY CODE](#).

[SAFEGUARDING CONCERN \(SNOMED CT\)](#) is the [SNOMED CT](#)® concept ID which is used to identify an unresolved issue or concern regarding adult and child safeguarding that requires communication to another [ORGANISATION](#) or care agency.

[SNOMED CT Subset](#) Metadata:

- [Subset](#) Name: Safeguarding issues
- [Subset](#) Original Id: 69241000000138
- [Refset](#) FSN: Safeguarding issues simple reference set (foundation metadata concept)
- [Refset](#) Id: 999002381000000108

For further details relating to the [SNOMED CT Subset](#) Metadata, see the [Data Dictionary for Care \(DD4C\)](#) website at: [Safeguarding issues](#).

START DATE (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION ASSIGNMENT PERIOD)

Change to Data Element: Changed Dataset

Format/Length: See [DATE](#)

National Codes:

Default Codes:

Notes:

[START DATE \(MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION ASSIGNMENT PERIOD\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of the [Mental Health Act Legal Status Classification Assignment Period](#).

START TIME (MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION ASSIGNMENT PERIOD)

Change to Data Element: Changed Dataset

Format/Length: See [TIME](#)

National Codes:

Default Codes:

Notes:

[START TIME \(MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATION ASSIGNMENT PERIOD\)](#) is the same as attribute [ACTIVITY TIME](#) where the [ACTIVITY TIME TYPE](#) is National Code '[Start Time](#)' of the [Mental Health Act Legal Status Classification Assignment Period](#).

UNIQUE BOOKING REFERENCE NUMBER (CONVERTED)

Change to Data Element: Changed Dataset

Format/Length: n12

National Codes:

Default Codes:

Notes:

[UNIQUE BOOKING REFERENCE NUMBER \(CONVERTED\)](#) is the same as attribute [UNIQUE BOOKING REFERENCE NUMBER \(CONVERTED\)](#).

Use in Commissioning Data Set version 6-0 onwards

If the Commissioning Data Set record relates to a [Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement](#), and is of the following Commissioning Data Set Types:

- [CDS V6-2 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 030 - Elective Admission List - End of Period Census \(Standard\) Commissioning Data Set](#)
- [CDS V6-2 Type 060 - Elective Admission List - Event During Period \(Add\) Commissioning Data Set](#)
- [CDS V6-2 Type 070 - Elective Admission List - Event During Period \(Remove\) Commissioning Data Set](#)
- [CDS V6-2 Type 080 - Elective Admission List - Event During Period \(Offer\) Commissioning Data Set](#)

then either [UNIQUE BOOKING REFERENCE NUMBER \(CONVERTED\)](#) or [PATIENT PATHWAY IDENTIFIER](#) must be present in the Commissioning Data Set PATIENT PATHWAY Data Group.

WAITING TIME MEASUREMENT TYPE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See WAITING TIME MEASUREMENT TYPE
Default Codes:	

Notes:

[WAITING TIME MEASUREMENT TYPE](#) is the same as attribute [WAITING TIME MEASUREMENT TYPE](#).

Note: National Codes 01, 03 and 04 are not valid for the Referral To Treatment (RTT) data group in the [Mental Health Services Data Set](#).

WITHHELD IDENTITY REASON

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	
Default Codes:	99 - Identity withheld but reason not known

Notes:

[WITHHELD IDENTITY REASON](#) is used in Data Group 'Withheld Identity Structure' in the Commissioning Data Sets (version 6-2 onwards). It allows suppliers of Commissioning Data Set

records to indicate to recipients of the record (for example, the Commissioner of the activity) that the record has been purposely anonymised for a valid reason.

Permitted National Codes:

- 01 Record anonymised for legal/statutory reasons
- 02 Record anonymised at request of Caldicott Guardian
- 03 Record anonymised at request of [PATIENT](#)
- 97 Record anonymised for other reason

COMMISSIONING DATA SET VERSION 6-2-1 XML SCHEMA CONSTRAINTS

Change to XML Schema Constraint: Changed Description

XML Schema constraints applied to the:

- [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set](#)
- [CDS V6-2-1 Type 001 - Commissioning Data Set Interchange Header](#)
- [CDS V6-2-1 Type 002 - Commissioning Data Set Interchange Trailer](#)
- [CDS V6-2-1 Type 003 - Commissioning Data Set Message Header](#)
- [CDS V6-2-1 Type 004 - Commissioning Data Set Message Trailer](#)
- [CDS V6-2-1 Type 005B - Commissioning Data Set Transaction Header Group - Bulk Update Protocol](#)
- [CDS V6-2-1 Type 005N - Commissioning Data Set Transaction Header Group - Net Change Protocol](#)

The "Allowed Values" column indicates the NHS Data Model and Dictionary National Codes and Default Codes present in the XML Schema:

- None = The National Codes and Default Codes are included in the XML Schema
- Removed = The National Codes and Default Codes are not included in the XML Schema.

Data Element	XML Schema Format/Length	Allowed Values	Range	Pattern Match	Reason / Comment / XML Choice
ACTIVITY TREATMENT FUNCTION CODE (DECISION TO ADMIT)	None	Removed	None	None	National Codes not enumerated in the XML Schema
AGE AT CDS ACTIVITY DATE	max n3	None	None	None	Existing Format/Length states n3 - XML Schema allows max n3
CDS COPY RECIPIENT IDENTITY	min an3 max an12	Removed	None	None	Field size extended to future proof for ODS ORGANISATION CODE changes
CDS INTERCHANGE APPLICATION REFERENCE	min an1 max an14	None	None	None	Existing Format/Length states an14 - XML Schema allows min an1 max an14
CDS INTERCHANGE	max n7	None	None	None	Existing Format/Length states n7 - XML Schema allows max n7

CONTROL COUNT					
CDS INTERCHANGE CONTROL REFERENCE	min an1 max an14	None	None	None	Existing Format/Length states an14 - XML Schema allows min an1 max an14
CDS INTERCHANGE SENDER IDENTITY	min an1 max n15	None	None	None	Existing Format/Length states an15 - XML Schema allows min an1 max an15
CDS INTERCHANGE RECEIVER IDENTITY	min an1 max n15	None	None	None	Existing Format/Length states an15 - XML Schema allows min an1 max an15
CDS INTERCHANGE TEST INDICATOR	None	0,1	None	None	Null value not allowed in XML Schema
CDS MESSAGE REFERENCE	max n7	None	None	None	Existing Format/Length states an14 - XML Schema allows max n7 to support SUS requirements
CDS MESSAGE VERSION NUMBER	an6	CDS062	None	None	Message version is hard coded in the XML Schema
CDS PRIME RECIPIENT IDENTITY	min an3 max an12	Removed	None	None	Field size extended to future proof for ODS ORGANISATION CODE changes
CDS RECORD IDENTIFIER	min an1 max an35	None	None	None	Existing Format/Length states an35 - XML Schema allows max an35
CDS SENDER IDENTITY	min an3 max an12	None	None	None	Field size extended to future proof for ODS ORGANISATION CODE changes
CDS UNIQUE IDENTIFIER	min an1 max an35	None	None	None	Existing Format/Length states an35 - XML Schema allows min an1 max an35
COMMISSIONER REFERENCE NUMBER	max an17	None	Existing Format/Length states an35 - XML Schema allows min an1 max an35		
CODED CLINICAL ENTRY SEQUENCE NUMBER	max n5	None	None	None	Existing Format/Length states min n1 max n5 - XML Schema allows max n5
COMMISSIONER REFERENCE NUMBER	max an17	None	None	None	Existing Format/Length states an17 - XML Schema allows max an17

COMMISSIONING SERIAL NUMBER	max an6	None	None	None	Existing Format/Length states an6 - XML Schema allows max an6
EMERGENCY CARE DEPARTMENT TYPE	None	Removed	Existing Format/Length states an6 - XML Schema allows max an6		
EMERGENCY CARE ATTENDANCE IDENTIFIER	max an12	None	None	None	Existing Format/Length states min an1 max an12 - XML Schema allows max an12
EMERGENCY CARE DEPARTMENT TYPE	None	Removed	None	None	National Codes not enumerated in the XML Schema
EMERGENCY CARE PLACE OF INJURY (LATITUDE)	None	None	-90.000000-90.000000	None	Range applied to allow correct reporting of EMERGENCY CARE PLACE OF INJURY (LATITUDE)
EMERGENCY CARE PLACE OF INJURY (LONGITUDE)	None	None	-180.000000-180.000000	None	Range applied to allow correct reporting of EMERGENCY CARE PLACE OF INJURY (LONGITUDE)
ETHNIC CATEGORY	max an2	None	None	None	Existing Format/Length means fixed length which is incorrect. Unable to change this as it is used in other data sets. Second character can be for local use. Format/Length amended to max an2
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	None	Removed	None	None	Default codes not enumerated in the XML Schema
GENERAL MEDICAL PRACTITIONER (SPECIFIED)	None	Removed	None	None	National Codes and default codes not enumerated in the XML Schema
NHS SERVICE AGREEMENT LINE NUMBER	max an10	None	None	None	Existing Format/Length states an10 - XML Schema allows max an10
ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	None	Removed	None	None	Default codes not enumerated in the XML Schema

ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an5	Removed	None	None	Default codes not enumerated in the XML Schema
ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	None	Removed	None	None	Default codes not enumerated in the XML Schema
ORGANISATION SITE IDENTIFIER (DISCHARGE FROM EMERGENCY CARE)	None	Removed	None	None	Default codes not enumerated in the XML Schema
ORGANISATION SITE IDENTIFIER (EMERGENCY CARE ATTENDANCE SOURCE)	None	Removed	None	None	Default codes not enumerated in the XML Schema
ORGANISATION SITE IDENTIFIER (OF TREATMENT)	None	Removed	None	None	Default codes not enumerated in the XML Schema
OVERSEAS VISITOR CHARGING CATEGORY AT CDS ACTIVITY DATE	None	A,B,C,D,E,F,X	None	None	National Codes P and 9 are not valid in CDS V6-2-1 Type 011 - Emergency Care CDS
PROVIDER REFERENCE NUMBER	max an17	None	None	None	Existing Format/Length states an17 - XML Schema allows max an17
WAITING TIME MEASUREMENT TYPE	None	01,02,09	None	None	National Codes 03 and 04 not valid in Commissioning Data Sets

COMMISSIONING DATA SET VERSION 6-2-2 XML SCHEMA CONSTRAINTS

Change to XML Schema Constraint: New XML Schema Constraint

XML Schema constraints applied to the:

- [CDS V6-2-2 Type 011 - Emergency Care CDS](#)
- [CDS V6-2-2 Type 001 - CDS Interchange Header](#)
- [CDS V6-2-2 Type 002 - CDS Interchange Trailer](#)
- [CDS V6-2-2 Type 003 - CDS Message Header](#)
- [CDS V6-2-2 Type 004 - CDS Message Trailer](#)
- [CDS V6-2-2 Type 005B - CDS Transaction Header Group - Bulk Update Protocol](#)
- [CDS V6-2-2 Type 005N - CDS Transaction Header Group - Net Change Protocol](#)

The "Allowed Values" column indicates the NHS Data Model and Dictionary National Codes and Default Codes present in the XML Schema:

- None = The National Codes and Default Codes are included in the XML Schema
- Removed = The National Codes and Default Codes are not included in the XML Schema.

Data Element	XML Schema Format/Length	Allowed Values	Range	Pattern Match	Reason / Comment / XML Choice
ACTIVITY TREATMENT FUNCTION CODE (DECISION TO ADMIT)	None	Removed	None	None	National Codes not enumerated in the XML Schema
AGE AT CDS ACTIVITY DATE	max n3	None	None	None	Existing Format/Length states n3 - XML Schema allows max n3
CDS COPY RECIPIENT IDENTITY	min an3 max an12	Removed	None	None	Field size extended to future proof for ODS ORGANISATION CODE changes
CDS INTERCHANGE APPLICATION REFERENCE	min an1 max an14	None	None	None	Existing Format/Length states an14 - XML Schema allows min an1 max an14
CDS INTERCHANGE CONTROL COUNT	max n7	None	None	None	Existing Format/Length states n7 - XML Schema allows max n7
CDS INTERCHANGE CONTROL REFERENCE	min an1 max an14	None	None	None	Existing Format/Length states an14 - XML Schema allows min an1 max an14
CDS INTERCHANGE SENDER IDENTITY	min an1 max an15	None	None	None	Existing Format/Length states an15 - XML Schema allows min an1 max an15
CDS INTERCHANGE RECEIVER IDENTITY	min an1 max an15	None	None	None	Existing Format/Length states an15 - XML Schema allows min an1 max an15
CDS INTERCHANGE TEST INDICATOR	None	0,1	None	None	Null value not allowed in XML Schema
CDS MESSAGE REFERENCE	max n7	None	None	None	Existing Format/Length states an14 - XML Schema allows max n7 to support SUS requirements
CDS MESSAGE VERSION NUMBER	an6	CDS062	None	None	Message version is hard coded in the XML Schema
CDS PRIME RECIPIENT IDENTITY	min an3 max an12	Removed	None	None	Field size extended to future proof for ODS ORGANISATION CODE changes
		None	None	None	

<u>CDS RECORD IDENTIFIER</u>	min an1 max an35				Existing Format/Length states an35 - XML Schema allows min an1 max an35
<u>CDS SENDER IDENTITY</u>	min an3 max an12	None	None	None	Field size extended to future proof for <u>ODS ORGANISATION CODE</u> changes
<u>CDS UNIQUE IDENTIFIER</u>	min an1 max an35	None	None	None	Existing Format/Length states an35 - XML Schema allows min an1 max an35
<u>COMMISSIONER REFERENCE NUMBER</u>	max an17	None	None	None	Existing Format/Length states an17 - XML Schema allows max an17
<u>COMMISSIONING SERIAL NUMBER</u>	max an6	None	None	None	Existing Format/Length states an6 - XML Schema allows max an6
<u>EMERGENCY CARE PLACE OF INJURY (LATITUDE)</u>	None	None	-90.000000-90.000000	None	Range applied to allow correct reporting of <u>EMERGENCY CARE PLACE OF INJURY (LATITUDE)</u>
<u>EMERGENCY CARE PLACE OF INJURY (LONGITUDE)</u>	None	None	-180.000000-180.000000	None	Range applied to allow correct reporting of <u>EMERGENCY CARE PLACE OF INJURY (LONGITUDE)</u>
<u>ETHNIC CATEGORY</u>	max an2	None	None	None	Existing Format/Length means fixed length which is incorrect. Unable to change this as it is used in other data sets. Second character can be for local use. Format/Length amended to max an2
<u>GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)</u>	None	Removed	None	None	Default codes not enumerated in the XML Schema
<u>GENERAL MEDICAL PRACTITIONER (SPECIFIED)</u>	None	Removed	None	None	National Codes and default codes not enumerated in the XML Schema
<u>NHS SERVICE AGREEMENT LINE NUMBER</u>	max an10	None	None	None	Existing Format/Length states an10 - XML Schema allows max an10
<u>ORGANISATION IDENTIFIER</u>	None	Removed	None	None	Default codes not enumerated in the XML Schema

(CODE OF COMMISSIONER)					
ORGANISATION IDENTIFIER (CODE OF PROVIDER)	min an3 max an5	Removed	None	None	Default codes not enumerated in the XML Schema
ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	None	Removed	None	None	Default codes not enumerated in the XML Schema
ORGANISATION SITE IDENTIFIER (DISCHARGE FROM EMERGENCY CARE)	None	Removed	None	None	Default codes not enumerated in the XML Schema
ORGANISATION SITE IDENTIFIER (EMERGENCY CARE ATTENDANCE SOURCE)	None	Removed	None	None	Default codes not enumerated in the XML Schema
ORGANISATION SITE IDENTIFIER (OF TREATMENT)	None	Removed	None	None	Default codes not enumerated in the XML Schema
OVERSEAS VISITOR CHARGING CATEGORY AT CDS ACTIVITY DATE	None	A,B,C,D,E,F,P,9	None	None	National Code X is not valid in CDS V6-2-2 Type 011 - Emergency Care CDS
POSTCODE OF USUAL ADDRESS	min an3 max an8	None	None	None	Existing Format/Length states max an8 - XML Schema allows min an3 max an8
PROFESSIONAL REGISTRATION ENTRY IDENTIFIER	min an1 max an32	None	None	None	Existing Format/Length states max an32 - XML Schema allows min an1 max an32
PROVIDER REFERENCE NUMBER	max an17	None	None	None	Existing Format/Length states an17 - XML Schema allows max an17
WAITING TIME MEASUREMENT TYPE	None	01,02,09	None	None	National Codes 03 and 04 not valid in Commissioning Data Sets

For enquiries about this Change Request, please email information.standards@nhs.net

